

# Brain Health Family History Tool

Changes in Memory and Thinking Family History: Information to Bring to My Healthcare Provider (HCP)

## Patient Information

Patient name \_\_\_\_\_

Appointment date \_\_\_\_\_

Completed by \_\_\_\_\_

## Immediate Family History

Has anyone in your immediate family been diagnosed with Alzheimer's disease or another dementia?

\_\_\_\_\_  
\_\_\_\_\_

Mother: Yes / No / Unsure

Father: Yes / No / Unsure

Siblings: Yes / No / Unsure

Children: Yes / No / Unsure

### If yes:

What symptoms were noticed first?

\_\_\_\_\_

At what age did the symptoms begin?

\_\_\_\_\_

Did symptoms begin before age 65?

\_\_\_\_\_

## Extended Family History

Did any of the following relatives show changes in memory and thinking or confusion, diagnosed or not?

\_\_\_\_\_  
\_\_\_\_\_

Maternal grandmother: Yes / No / Unsure

Maternal grandfather: Yes / No / Unsure

Paternal grandmother: Yes / No / Unsure

Paternal grandfather: Yes / No / Unsure

Aunts or uncles: Yes / No / Unsure

**If yes:**

## **General Brain Health History in the Family**

Check any of the following medical issues that occurred in your family history:

- Depression or mood disorders
- Frontotemporal dementia
- Lewy body dementia
- Memory loss or cognitive decline
- Mild cognitive impairment
- Parkinson's disease
- Stroke
- Traumatic brain injury
- Other conditions that affected thinking or behavior

## **Family Member Symptoms**

Have relatives across generations had memory or thinking problems? Examples include forgetting names, getting lost in familiar places, losing words, struggling to recognize friends, etc.

Yes / No / Unsure

Has anyone in your family had changes in memory or thinking before age 60?

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Yes / No / Unsure

Do older family members often become confused or disoriented when traveling outside the home?

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Yes / No / Unsure

Have you noticed any concerning personality changes in relatives, such as sudden changes in judgment, withdrawal from social situations, or changes in mood and temperament?

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Yes / No / Unsure

Do people in your family behave very differently as they get older?

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Yes / No / Unsure

Are there any additional details you wish to share? If yes, write them below:

## **Genetic Information**

Has anyone in your family had genetic testing related to Alzheimer's disease and other dementias?

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Yes / No / Unsure

**If yes:**

## **Your Personal Concerns**

What memory or thinking changes have you noticed in yourself as you have gotten older?

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Have others told you they are worried about your memory or brain health? If so, what did they notice?

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Do you feel more confused, forgetful, withdrawn, or overwhelmed than usual?

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Do you have questions about your personal risk or prevention?

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Do you have any of these symptoms or diagnoses?

- Sleep apnea or trouble sleeping
- Significant anxiety or stress
- Hypertension or high blood pressure
- Overweight or obese
- Diabetes or prediabetes
- Decreased energy or fatigue
- Moving or talking more slowly
- Hearing difficulty or loss
- Decreased desire to be social
- Infections or wounds that heal slowly
- Alcoholism
- Tobacco use
- Drug use

Do you sometimes forget what day, month, or year it is?

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Have you started missing appointments or events?

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## Questions to Ask the Healthcare Provider

Consider these questions below and check any you believe you should ask your HCP. Use the space below the questions to write any additional concerns you want to share.

Should we do a cognitive assessment today?

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Is any of my medication affecting my memory?

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How does my family history affect my long-term brain health?

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How often should we monitor changes going forward?

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Would lifestyle changes help lower my risk? Are there steps I can take to protect my brain health?

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Should I consider genetic testing?

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If symptoms get worse, when should I see a specialist?

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### **What Support Do You Need Right Now?**

Check any that apply

Help to understand the symptoms of memory and thinking declines or related disease information

Referrals to social service programs that can help with activities of daily living

■ Financial support and navigation

■ Support for friends or family caregivers, such as respite or training

Someone to talk to about next steps, such as a counselor or support group

**Something else** \_\_\_\_\_

### **What Else Should Your Healthcare Provider Know?**

Use the space below to take notes or write other information to share with your healthcare team.

#### **Notes**

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