



Welcome to our Recode program here at TLC: The Littleton Clinic!

This sheet is designed to help explain what our program does and instructions to help you on your journey to reverse and prevent cognitive decline. This is a comprehensive program in which Dr. Hopp follows the Bredesen Protocol, designed and tested by Dr. Dale Bredesen. It is a systematic approach proven to reverse cognitive decline. Single medications do not work, every clinical trial testing these medications has failed. We will evaluate your risk factors and make lifestyle recommendations in terms of diet, exercise, stress, nutrition, sleep, social interaction and supplements.

Listed below are instructions and what to expect:

1. PRIOR to your appointment, fill out our New Patient Packet along with “Reversing Cognitive Decline Questionnaire – Relative's Perspective”
2. The initial appointment will consist of gathering history, physical and ordering labs. Some supplements will be started. Diagnostic tests will be ordered.
3. Schedule appointments with our Group Health Coaching services where we will review the Ketoflex diet, exercise protocols, brain exercises, meditation and social interaction recommendations. Group Health Coaching is not covered by insurance but is an important part of our program.
4. At the second appointment labs and test results will be reviewed. Updates with lifestyle modification will be assessed. The supplements will be refined. If necessary, further diagnostic tests will be ordered.
5. You will continue to receive support through our Group Health Coaching meetings scheduled at various days and times during the week, here at our office in Room 308.

Cognitive Questionnaire – MyCog

For patient to fill out

Name:

Age:

Date:

a) Do you perceive memory or cognitive difficulties? YES NO

b) Would you ask a doctor about these difficulties? YES NO

c) In the last two years, has your cognition or memory declined? YES NO

Below is a list of activities. Please answer YES if you believe you perform them WORSE than roughly two years ago.

1. I find it harder to learn new telephone numbers. YES NO

2. I find it harder to find personal possessions (keys, telephone, utensils, etc.). YES NO

3. I find it harder to describe the plots of films. YES NO

4. I find it harder to remember doctor's appointments. YES NO

5. I find it harder to follow the plot of a book. YES NO

6. I'm worse at recalling the details of a recent family event. YES NO

7. I find it harder to remember the result of a recent sporting event. YES NO

8. I find it harder to remember sums of money (payments or debts). YES NO

9. I find it harder to remember the details of a conversation. YES NO

10. I find it harder to remember things without using strategies (lists, diary, etc.). YES NO

11. I find it harder to remember the details of recent news. YES NO

12. I find it harder to remember famous people's names. YES NO

13. I find it harder to remember the names of people I've met recently. YES NO

14. I find it harder to remember street and city names. YES NO

15. I'm worse at finding the word I want to use in a conversation. YES NO

16. I find it harder to understand things the first time someone says them. YES NO

17. I find it harder to remember the names of places I've visited recently. YES NO

18. I find it harder to concentrate on what I am doing. YES NO

19. I'm worse at planning things that aren't part of my daily routine (travel, excursions, etc.). YES NO

20. I find it harder to use electronic devices. YES NO

21. I find it harder to start new or different things. YES NO

22. I find it harder to start conversations. YES NO

23. I find it harder to do mental arithmetic. YES NO

24. I find it harder to do more than one thing at once without getting agitated. YES NO

TOTAL NUMBER "YES": _____

Cognitive Questionnaire – TheirCog

For close family member or caretaker to fill out

Patient Name:

Your Name:

Relation to patient:

Date:

a) Do you perceive he/she has cognitive or memory difficulties? YES NO

b) Would you advise him/her to ask a doctor about these cognitive difficulties? YES NO

c) In the last two years, has he/she experienced cognitive or memory decline? YES NO

Below is a list of activities. Please answer YES if you believe he/she performs them WORSE than roughly two years ago.

1. Finds it harder to learn new telephone numbers. YES NO

2. Finds it harder to find personal possessions (keys, telephone, utensils, etc.). YES NO

3. Finds it harder to describe the plots of films. YES NO

4. Finds it harder to remember doctor's appointments. YES NO

5. Finds it harder to follow the plot of a book. YES NO

6. Worse at recalling the details of a recent family event. YES NO

7. Finds it harder to remember the result of a recent sporting event. YES NO

8. Finds it harder to remember sums of money (payments or debts). YES NO

9. Finds it harder to remember the details of a conversation. YES NO

10. Finds it harder to remember things without using strategies (lists, diary, etc.). YES NO

11. Finds it harder to remember the details of recent news. YES NO

12. Finds it harder to remember famous people's names. YES NO

13. Finds it harder to remember the names of people I've met recently. YES NO

14. Finds it harder to remember street and city names. YES NO

15. Worse at finding the word I want to use in a conversation. YES NO

16. Finds it harder to understand things the first time someone says them. YES NO

17. Finds it harder to remember the names of places I've visited recently. YES NO

18. Finds it harder to concentrate on what I am doing. YES NO

19. Worse at planning things that aren't part of my daily routine (travel, excursions, etc.). YES NO

20. Finds it harder to use electronic devices. YES NO

21. Finds it harder to start new or different things. YES NO

22. Finds it harder to start conversations. YES NO

23. Finds it harder to do mental arithmetic. YES NO

24. Finds it harder to do more than one thing at once without getting agitated. YES NO

TOTAL NUMBER "YES": _____