Name of individual: ____________________________________________

The individual named on this form has been assessed and found to exhibit:

1. Evidence of short-term memory loss: ☐ Yes ☐ No
   (If there is no evidence of short-term memory loss, the assessor may go to 4.b, and skip 2 and 3.)

   And

2. One or more of the following conditions: (Check all that apply.)
   ☐ Is not oriented to place or time.
   ☐ Has limited ability to make him or herself understood through speech, writing, sign language or any other method
     the individual uses to communicate.
   ☐ Requires hands-on assistance with eating or drinking.

   (If there is no evidence of one of these conditions, the assessor may go to 4.b, and skip 3.)

   And

3. ☐ One or more of the following behaviors or symptoms which has been exhibited by the individual within the last
   thirty days: (Check all that apply.)

   ☐ Ability to make decisions about daily life is poor; requires reminders, cues and supervision in planning daily routines
   ☐ History of physical injury to staff / others
   ☐ Combative
   ☐ Resistive to care
   ☐ Sexual acting out (does not victimize others)
   ☐ Seeks vulnerable or unwilling sexual partners
   ☐ Agitated or wanders at night
   ☐ Eats non-edible things
   ☐ Inappropriate screaming, yelling or verbal noises
   ☐ Has left home and gotten lost when trying to return

   ☐ Repetitive physical movement / pacing, hand-wrting, fidgeting
   ☐ Leaves stove on after cooking
   ☐ Aggressive / intimidating
   ☐ Exit seeking behaviors
   ☐ Easily irritated / upset / agitated
   ☐ Seeks / demands constant attention / reassurance
   ☐ Pattern of inability to control own behaviors

   Specify: ____________________________________________

   ☐ Unrealistic fears or suspicions
   ☐ Inappropriate toileting activity

   Specify: ____________________________________________

   (If there is no evidence of one of these conditions, the assessor may go to 4.b)

4.a ☐ The individual named on this form has identified characteristics of dementia in categories 1, 2, and 3 above.
   Therefore:
   (1) The staff of any assisted living facility in which the named individual resides must meet the dementia specialty
       training requirements specified in Washington Administrative Code 388-112, and
   (2) The assisted living facility must obtain the assessment information for the individual as specified in
       WAC 388-78A-2370.

4.b ☐ This individual does not meet the screening criteria for dementia identified on this form.