

Update Cognitive Function

Your Details

Name

Driver's
Licence #

We are writing to request an update on your cognitive status. This is being done because we received information which tells us that you may have memory problems. Chapter 6 of our medical standards talks about memory problems. It also tells us that a medical assessment is necessary to determine fitness to drive when memory problems have been identified. Please have your health care provider complete the form below. Please note you are responsible for any costs. If you are unable to do this, or if you have any questions you can call the Medical Section toll-free 1-877-636-6867.

The CCMTA Medical Standard states that mild neurocognitive cognitive impairment (MCI) according to DSM-5 is a term that usually refers to the transitional state between the cognitive changes associated with normal aging and the fully developed clinical features of dementia. The diagnostic criteria for MCI are evolving but in general it describes a cognitive decline that presents no significant functional impairment.

Summary of factors in determining degree of Dementia and Mild Cognitive Impairment

A	B	C	D
Mild Cognitive Impairment (MCI) <i>(Some memory impairment but dementia not definitively diagnosed)</i>	Mild Dementia <i>(Mild neurocognitive disorder)</i>	Moderate Dementia <i>(Major neurocognitive disorder)</i>	Severe Dementia <i>(Major neurocognitive disorder)</i>
Forgets name, location of objects May have trouble finding words May have difficulty traveling to new locations May have difficulty with problems at work	Has difficulty with complex tasks or instrumental activities of daily living (e.g. finances, shopping, planning dinner, cooking, taking medication, telephoning, etc.)	Has difficulty with basic activities of daily living (e.g. eating, dressing hygiene) Needs help choosing and putting on clothing Required prompting and assistance when bathing)	Decreased ability to use toilet and is incontinent Vocabulary limited Loses ability to walk and sit Unable to smile

Which column best describes this drivers medical status? _____

What is this driver's MoCA? _____ Date of MoCA? _____

Comments _____

Physician/Nurse Practitioner's Name _____ Date _____

Physician/Nurse Practitioner's Signature _____ Phone _____ Driver's Signature _____