

Alzheimer's Disease Clinical Trial Screening Sheet

Participant Information

Full Name

Date of Birth

Gender

Phone

Email

Address

Medical History

Diagnosis of Alzheimer's disease?

Date of Diagnosis

Stage of Alzheimer's

Other Neurological Conditions

Eligibility Criteria

Meets Age Criteria?

Mini-Mental State Examination (MMSE) Score

Other Inclusion/Exclusion Comments

Additional Information

Current Medications

Allergies

Caregiver Name

Caregiver Phone

Assessor Details

Screening Date

Assessor Name

Notes