**MGB Alzheimer Therapeutics Program (ATP)**

**Initial Clinic Note**

**Patient Demographics:**

Patient name: @NAME@

Patient date of birth: @DOB@

Medical record number: @MRN@

Preferred language: @LANGUAGE@

Sex: @SEX@

**Insurance Information:**

Insurance Coverage: @INSURANCECOVERAGE@

Primary Insurance ID: @INSURANCEID@

**Healthcare Team:**

PCP: @PCP@

Referring provider: @REFPROVFULLNAME@

Longitudinal care provider (if different from above): \*\*\*

Other members of the care team: \*\*\*

**History of the Present Illness:**

@NAME@ is a @AGE@ {Handedness:6000002} @SEX@ with a history of \*\*\* who presents for consideration of anti-amyloid therapy.

@CAPHE@ has received a diagnosis of {MCI-dementia:69052} from \*\*\* and was referred for possible treatment with anti-amyloid therapy. The date of the clinical diagnosis was \*\*\*.

The onset of cognitive symptoms dates back to \*\*\*, and the initial cognitive symptoms were noted in the {cognitive domain:69053} domain. Since then, the course of the illness has been {symptom course:69054}.

Overall, @M@ @LNAME@ feels the current severity of cognitive symptoms is {asymptomatic, mild, moderate, severe:69536}. In terms of functional status, @HE@ is {dependence level:69055} in instrumental activities of daily living and {dependence level:69055} in basic activities of daily living.

Focused review of symptoms:

Memory impairment: {YES/NO:29693}

Language impairment/aphasia: {YES/NO:29693}

Visuospatial impairment: {YES/NO:29693}

Executive dysfunction: {YES/NO:29693}

Motor weakness: {YES/NO:29693}

Gait disorder: {YES/NO:29693}

Frequent falls: {YES/NO:29693}

Parkinsonian symptoms: {YES/NO:29693}

Visual hallucinations: {YES/NO:29693}

REM sleep behavior disorder: {YES/NO:29693}

Fluctuating cognition with variations in attention and alertness: {YES/NO:29693}

Early changes in personality and/or behavior: {YES/NO:29693}

Surveys of symptoms severity and functional status have revealed the following:

**Functional Activities Questionnaire:**

1. Writing checks, paying bills, balancing checkbook: {Functional Activities Questionnaire Responses:69480}
2. Assembling tax records, business affairs, or papers: {Functional Activities Questionnaire Responses:69480}
3. Shopping alone for clothes, household necessities, or groceries: {Functional Activities Questionnaire Responses:69480}
4. Playing a game of skill, working on a hobby: {Functional Activities Questionnaire Responses:69480}
5. Heating water, making a cup of coffee, turning off stove after use: {Functional Activities Questionnaire Responses:69480}
6. Preparing a balanced meal: {Functional Activities Questionnaire Responses:69480}
7. Keeping track of current events:{Functional Activities Questionnaire Responses:69480}
8. Paying attention to, understanding, discussing TV, book, magazine: {Functional Activities Questionnaire Responses:69480}
9. Remembering appointments, family occasions, holidays, medications: {Functional Activities Questionnaire Responses:69480}
10. Traveling out of neighborhood, driving, arranging to take buses: {Functional Activities Questionnaire Responses:69480}

Total FAQ score: \*\*\*

**Quick Dementia Rating System (QDRS):**

1. Memory and recall: {Clinical Dementia Rating (CDR):35939}
2. Orientation: {Clinical Dementia Rating (CDR):35939}
3. Decision making and problem solving abilities: {Clinical Dementia Rating (CDR):35939}
4. Activities outside the home: {Clinical Dementia Rating (CDR):35939}
5. Function at home and hobby activities: {Clinical Dementia Rating (CDR):35939}
6. Toileting and personal hygiene: {Clinical Dementia Rating (CDR):35939}
7. Behavior and personality changes: {Clinical Dementia Rating (CDR):35939}
8. Language and communication abilities: {Clinical Dementia Rating (CDR):35939}
9. Mood: {Clinical Dementia Rating (CDR):35939}
10. Attention and concentration: {Clinical Dementia Rating (CDR):35939}

Cognitive subtotal (questions 1,2,3,8): \*\*\*

Behavioral subtotal (questions 4,5,6,7,9,10): \*\*\*

Total QDRS score: \*\*\*

**Clinical Dementia Rating (CDR):**

CDR-Memory box score: {Clinical Dementia Rating (CDR):35939}

CDR-Global: {Clinical Dementia Rating (CDR):35939}

@PMH@

@PSH@

@FAMHX@

@SOCHX@

Living situation: \*\*\*

Care partner name, relationship, and contact: \*\*\*

Transportation concerns: \*\*\*

Education level: \*\*\*

Medications:

@MEDENC@

Allergies:

@ALLERGY@

**Examination:**

Vital signs: @VS@

General: No acute distress.

**Neurologic Exam:**

MENTAL STATUS:

Wake and alert. Details of cognitive screening exam as below:

CRANIAL NERVES II-XII:

Visual fields full to confrontation. No visual neglect.

Pupils equal and reactive to light (4mm -> 3mm). No ptosis. Extraocular movements intact without nystagmus or saccadic intrusion.

Light-touch normal on face bilaterally.

Face symmetric with normal forehead wrinkle, blink, smile and cheek puff.

Hearing grossly intact.

Palate elevates symmetrically. Tongue midline with protrusion. No dysarthria.

Shoulder shrugs normal bilaterally.

MOTOR: Normal bulk and tone, without bradykinesia, fasciculations, myoclonus or tremor. No pronator drift or orbiting. Strength 5/5 throughout bilateral upper and lower extremities with the exception of \*\*\*.

SENSATION:

Diffusely intact to light touch, temperature, pinprick, vibration and position. No extinction.‎

REFLEXES:

Deep tendon reflexes normal and symmetric bilaterally at the triceps, biceps, brachioradialis, quadriceps and gastrocnemius/soleus. Plantar reflexes flexor bilaterally.‎

CEREBELLAR:

Finger-to-nose and rapid alternating movements normal. No truncal ataxia.‎

GAIT/STANCE:

Normal stance and stride. Toe and heel-walking intact. Tandem gait intact. No turning *en bloc*. Romberg test negative.‎

**Cognitive Screening Exam:**

**Mini-Mental State Examination (MMSE)**

Orientation to time (year, season, date, day of the week, month): {Numbers; 0-5:140013}

Orientation to place (state, county, town/city, hospital, floor): {Numbers; 0-5:140013}

Registration of 3 words (Number of trials = \*\*\*): {0-3:60949}

Serial 7's (93, 86, 79, 72, 65) or WORLD backward (D-L-R-O-W): {Numbers; 0-5:140013}

Recall of 3 words: {0-3:60949}

Naming two objects: {0-2:17862}

Repeat "No ifs, ands, or buts.": {Numbers 0 or 1:69499}

"Take the paper in your right hand, fold it in half, and put it on the floor": {0-3:60949}

"Please read this and do what it says" (Written instructions: "Close your eyes."): {Numbers 0 or 1:69499}

"Make up and write a sentence about anything": {Numbers 0 or 1:69499}

Intersecting pentagons: {Numbers 0 or 1:69499}

Total score: {Numbers; 0-30:31392}

**Montreal Cognitive Assessment (MoCA), Version \*\*\***

@FLOWDT(9222,9226,9235,9249,9251,9263,9268,9274)@

**Data:**

MRI brain

@PHSAMBLASTIMG(MR.NE.BRAIN)@

I personally reviewed the MRI brain images and note the following:

Number of microhemorrhages (≤10 mm in the greatest diameter): \*\*\*

Number of macrohemorrhages (>10 mm in the greatest diameter): \*\*\*

Cortical hemorrhage: {gen present/absent:312805}

Superficial siderosis: {gen present/absent:312805}

Vasogenic edema: {gen present/absent:312805}

Fazekas score: {Fazekas score (deep white matter):69070}

Lacunar infarcts: {gen present/absent:312805}

Cortical infarcts: {gen present/absent:312805}

Laboratory Testing

@RESUFAST(VITAMINB12,B12)@

@RESULAST(TSH:1,TSH3:1)@

@RESUFAST(WBC:1,RBC:1,HGB:1,HCT:1,PLT:1,MCV:1,MCH:1,MCHC:1,RDW:1,MVP:1,NRBC:1,NRBCA:1)@

@RESULAST(INR:1,PTINR:1)@

@RESUFAST(PTT)@

@RESUFAST(NA:1,K:1,CL:1,CO2:1,BUN:1,CSFGLU:1,CRE:1,UCRE:1,CREATPOC:1,CREATINE:1,CAFL:1,GLU:1,CA:1,GFR:1,ANION:1)@

@RESUFAST(ALB:1,TBILI:1,DBILI:1,ALKP:1,SGOT:1,SGPT:1,TP:1,GLOB:1)@

Alzheimer Disease Biomarker Testing

\*\*\*

@PHSAMBLASTIMG(PT.NM.PETCTSKTH)@

APOE Genotype Testing

\*\*\*

**Assessment:**

@NAME@ is a @AGE@ {Handedness:6000002} @SEX@ with a history of \*\*\* who presents for consideration of anti-amyloid therapy.

Diagnostic Formulation

Clinical Syndrome: {cognitive syndromes:69061}

Clinical Severity: {cognitive impairment severity:69062}

Etiology: {Alzheimer etiology:69063}

Additional comments: \*\*\*

Eligibility Checklist

{YES/NO:20322} Are the clinical symptoms consistent with a clinical syndrome associated with Alzheimer disease neuropathologic change (amnestic, visuospatial, logopenic variant primary progressive aphasia, behavioral/dysexecutive variant Alzheimer disease, corticobasal syndrome)?

{YES/NO:20322} Does the patient have a clinical severity that is consistent with mild cognitive impairment (i.e. independent in instrumental and basic ADLs) or mild dementia (i.e. partial dependence in instrumental ADLs but independence in basic ADLs)?

{YES/NO:20322} Is there a lack of other medical, neurological, or psychiatric conditions (including Down Syndrome) besides Alzheimer disease that could reasonably judged as the primary source of the patient's decline in cognitive and functional status?

{YES/NO:20322} Is the patient free of poorly controlled medical and/or psychiatric conditions (e.g. cerebral amyloid angiopathy, stroke or TIA in the past 12 months, and uncontrolled seizure disorder) that are likely to interfere with the reliable administration, efficacy, safety, or monitoring of anti-amyloid antibodies or their effects?

{YES/NO:20322} Is the patient free of social barriers that impact ability to receive safe anti-amyloid antibody therapies (e.g. inadequate transportation for infusions or monitoring MRIs)?

{YES/NO:20322} Is the current medication list free of therapeutic anticoagulants, such as warfarin, dabigatran, edoxaban, rivaroxaban, apixaban, or heparin?

{YES/NO:20322} Is the current medication list free of exclusionary immunosuppressants, immunoglobulins, or monoclonal antibodies or their derivatives?

{YES/NO:20322} Is the neurologic exam consistent with underlying Alzheimer disease as the cause of the patient's cognitive symptoms?

{YES/NO:20322} Is the cognitive screening exam consistent with mild cognitive impairment or mild dementia (MMSE ≥ 20, MoCA ≥ 14, SLUMS ≥ 15, RUDAS ≥ 20)?

{YES/NO:20322} Is the patient reasonably expected to be able to receive recommended MRIs during the first year of treatment?

{YES/NO:20322} For patients with an APOE e2 or e3 allele, are there ≤ 4 microhemorrhages (≤10 mm in the greatest diameter) on MRI (particularly GRE sequence)?

{YES/NO:20322} For patients with an APOE genotype of e4/e4, are there ≤ 1 microhemorrhages on GRE sequence and ≤ 3 microhemorrhages on SWI sequence?

{YES/NO:20322} Is the MRI free of cortical hemorrhage (>1 cm in the greatest diameter)?

{YES/NO:20322} Is the MRI free of superficial siderosis?

{YES/NO:20322} Is the MRI free of vasogenic edema?

{YES/NO:20322} Is the MRI consistent with a Fazekas score of ≤2

{YES/NO:20322} Is the laboratory testing consistent with normal hemostasis parameters (e.g. platelet count >50,000, INR ≤ 1.5)?

{YES/NO:20322} Is the Alzheimer disease biomarker testing consistent with underlying Alzheimer disease neuropathologic change?

{YES/NO:20322} Has APOE genotyping been performed?

{YES/NO:20322} Does the patient have the capacity to make and communicate medical decisions and completed a written informed consent process ensuring @HE@ understands the risks and potential benefits of treatment?

Eligibility Determination

{Anti-amyloid eligibility determination:69060}

Additional comments: \*\*\*

**Recommendations:**

{ATP initial recommendations:69069}

**Counseling Notes:**

{ATP counseling notes:69067}

**Informed Consent Discussion: (\*\*\*remove if no informed consent signed)**

Based on my clinical judgement, @NAME@ has the capacity to make medical decisions regarding anti-amyloid therapy. @CAPHE@ provided verbal consent to include \*\*\* (relationship: \*\*\*) in discussions related to anti-amyloid therapy.

I reviewed with @NAME@ and \*\*\* the details of anti-amyloid therapy including general information about how it works, potential risks (including ARIA-E, ARIA-E, and infusion-related reactions; all of which can be serious and potentially life-threatening), potential benefits (including slowing of cognitive decline), their eligibility for anti-amyloid based on MGB policy, their APOE genotype of \*\*\* (which impacts risk for ARIA), the treatment protocols of infusions, the need for routine MRI scans to monitor for ARIA, potential symptoms of ARIA, how to alert the Alzheimer Therapeutics Program (ATP) in case of concerning symptoms or other issues, red-flag symptoms that should prompt immediate call to 911 (including stroke-like symptoms, seizure, severe headache, or inability to wake up), the importance of making sure other heatlhcare providers know they are receiving anti-amyloid therapy. We discussed their questions and concerns. We reviewed the consent form and answered any questions/concerns. Based on our discussion, @NAME@ decided to begin treatment with anti-amyloid and signed the consent form, which is placed in the electronic medical record.

**Signature and Attestation:**

@ME@

MGB Alzheimer Therapeutics Program (ATP)

I personally spent a total of \*\*\* minutes on care for this patient on the date of the encounter. This includes face-to-face time during the visit as well as non face-to-face time spent on chart review, documentation, and care coordination.

I completed the CMS registry (https://qualitynet.cms.gov/alzheimers-ced-registry/submission) required for Medicare coverage. The confirmation number is \*\*\*.

\*\*\*Optional: The patient decided to enroll in the ALZ-NET Registry.

Case registration: https://sso.acr.org/

Data entry: https://login.imedidata.com/login