

Ministry of Health Services Home and Community Care

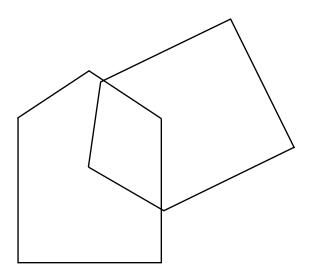
THE FOLSTEIN M. M. S. E.

All personal information is collected under the *Continuing Care Act*, and will be used to determine the applicant's memory, orientation, attention span and cognitive abilities. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, you should contact your case manager at your local health unit, which is listed in the blue pages of the telephone book under Health Authorities.

Nai	me:			Age: D.O.B
Pla	ce Seen	:		Date:
		. /1		Time:
AS	Client h	iis/ne	er:	
Naı	me:			D.O.B Completed by:
	Maxium Correct	Clie	ent's	Total:
	Score	Score		ORIENTATION
1)	5	()	What is the – date, day of week, month,
				season , year ?
2)	5	()	Where are we – name of country, province,
				city, place, floor?
				REGISTRATION
3)	3	()	Name 3 objects (HOUSE, TREE, CAR). Take 1 second to say each. Then ask the client all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he learns all 3. Count trials and record.
				TRIALS
4)	5	()	ATTENTION AND CALCULATION Serial 7's
				100 - 7 = (), $93 = ($), $86 = ($), $79 = ($), $72 = ($), 65 .
				One point for each correct answer. (Alternatively spell "WORLD" backwards).
				RECALL
5)	3	()	Ask for 3 objects – HOUSE (), TREE (), CAR ()
				LANGUAGE
6)	9	()	Name a pencil, and watch () 2 points
				Repeat the following – "NO IFS, ANDS OR BUTS" () 1 point
				Follow a 3 – stage command: "Take the paper in your right hand, fold it in half, and put it on the floor." () 3 points
				Read and obey the following: CLOSE YOUR EYES () 1 point

Write a sentence (1 point)

Copy design (1 point)



Comments:						