CLIENT RESOURCE . OLDER ADULTS

Specifics turn worry into a useful GP conversation

equal psychology

Function change matters more than forgetfulness.

A GP-led workup for cognitive concern starts with history. The question that matters is not *am I forgetful* but **has my function changed**, and how. Bringing specific examples and a list of medications turns a diffuse worry into something a GP can work with.

This is preparation for a GP appointment, not an assessment. Filling it in will not tell you what is happening. The conversation with a clinician is what the assessment requires. The page is here so the things that matter do not get left out on the day.

WHAT A GP CAN WORK WITH

Specific examples, function change, and your medications

- "I now forget steps in recipes I have made for years"
- "My partner has mentioned this twice in three months"
- "It started after I changed blood pressure medication"
- "Sleep has been broken since around the same time"

WHAT TENDS NOT TO BE USEFUL

Self-diagnosis, online tests, or general worry

- "I am sure I have dementia"
- Online memory tests with no clinical interpretation
- "My memory is terrible" without examples
- A printout of everything you might have read

REVERSIBLE CONTRIBUTORS A GP CAN INVESTIGATE

Several common conditions can present like cognitive impairment, and several are treatable when identified. **This is why function change is the question, not forgetfulness.**

1. **Medications and recent changes**
   Some prescription medications, over-the-counter products, and supplements can affect memory and attention.
2. **Sleep disturbance**
   Sleep apnoea and chronically broken sleep produce cognitive symptoms that often improve with treatment.
3. **Depression, anxiety, and stress**
   These can themselves affect cognition, and they are reasons in their own right to seek support.

SIX SECTIONS PAGE 2 COVERS

A GP-led workup looks at the whole picture, not just memory. **Sleep, mood, medication, and recent illness can all affect cognition, and several of these are reversible.** The page covers the territory the GP will want to ask about anyway.

1. WHAT I AM NOTICING
   Specific changes
   In your own words. One or two clear examples beats a long list.
2. WHEN AND HOW OFTEN
   Timeline and frequency
   Approximate is fine. Months, seasons, or "since around".
3. WHAT OTHERS NOTICED
   A partner or family member
   Their observations matter, especially the ones you have explained away.
4. MEDICATIONS
   Current and recent changes
   Prescription, over the counter, supplements. Some affect memory and concentration.
5. SLEEP, MOOD, STRESS
   Recent months
   Depression, anxiety, and broken sleep can themselves affect cognition.
6. OTHER
   Anything you would not want to forget
   Recent illness, falls, hearing or vision change, alcohol intake, family history.

THREE THINGS PEOPLE OFTEN WANT TO KNOW

Should I bring someone with me to the appointment?
Often yes. A partner or adult child has often noticed things you have not, and can also help you remember what the GP said afterwards. **Their observations are a recognised part of the history.** You can also bring this page filled in by them.

What about online memory self-tests?
They can drive anxiety without giving a usable answer. **A clinical assessment is structured very differently and is interpreted in context.** If you have done one, the result is not data the GP can use; the specific examples on page 2 are.

What if my GP says it is "just ageing" and I am not satisfied?
It is reasonable to ask whether a structured cognitive screen is appropriate, and whether referral to a memory clinic, geriatrician, or neuropsychologist would be useful. **You can also seek a second opinion.** The specifics on page 2 are what make that conversation possible.

REMEMBER Function change, not forgetfulness, is the question. **Bring it as a description, not a diagnosis.** The naming is the clinician's job. The accurate description is yours.

One or two specific examples per section are more useful than a long list.

Livingston, G., et al. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. The Lancet, 404(10452), 572–628. · Petersen, R. C., et al. (2018). Practice guideline update summary: Mild cognitive impairment. Neurology, 90(3), 126–135. · Australian Institute of Health and Welfare (2025). Dementia in Australia. AIHW.

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Memory and function notes for your GP

A GP-led workup for cognitive concern starts with a careful history. The question that matters is not "am I forgetful" but **"has my function changed".** Bringing specific observations, examples, and a list of medications turns a diffuse worry into something a GP can work with.

Fill in only what is useful. **One or two clear examples in a section are more useful than a long list.** Take this page to your GP, or copy the relevant parts into your own notes.

1 WHAT I AM NOTICING

The specific changes I have noticed in my memory or thinking

In your own words. Specific examples help more than general statements.

2 WHEN AND HOW OFTEN

When this started, and how often it happens now

Approximate is fine. Months or seasons. Daily, weekly, occasionally.

3 WHAT OTHERS HAVE NOTICED

Changes a partner, family member or friend has mentioned to me

Sometimes the people closest to us notice changes we have explained away. Their observations matter.

4 MEDICATIONS

Medications I am currently taking, and any recent changes

Prescription medications, over the counter, supplements. Some medications can affect memory and concentration.

5 SLEEP, MOOD AND STRESS

How sleep, mood and stress have been in recent months

Depression, anxiety and disrupted sleep can themselves affect memory and concentration. This is worth describing.

6 OTHER

Anything else I want to mention to my GP

Recent illness, falls, hearing or vision changes, alcohol intake, family history. Anything you would not want to forget to say.

A NOTE ON WHAT THIS IS FOR

This is a tool to help you organise what to say at your GP appointment. **It is not an assessment, and it cannot tell you what is happening.** The same is true of any online self-test. The conversation with a clinician is what the assessment requires.

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