

## THE ALZHEIMER'S AND DEMENTIA CARE ECHO® PROGRAM

Every other Wednesday from 11:00 am-12:00 pm PT via Zoom beginning  
October 11, 2023

### Registration Form

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Please list the information below for care team members who will join for this series. We request at least one prescriber and at least one member of your care team, with a maximum of eight participants.

Name	Job Function (*indicate Lead ECHO Clinician)	Email	Estimated Clinic Panel Size (#)*	Estimated % of Patients 65+*

\*These numbers are only applicable for prescribers such as MD, DO, NP, PA, APP, DNP.

**Please confirm that you are able to meet the following criteria:**

- ☐ We have access to a web camera and an established internet connection to join the video conference.
- ☐ At least one additional member from our team, along with the team lead, will attend regularly.
- ☐ We will be able to submit a patient case study.

**Select all that apply:**

- ☐ We manage the care of patients living with AD/RD or with mild cognitive impairment (MCI).
- ☐ We refer to a neurologist in our area when we are unsure of a patient's diagnosis.
- ☐ We would like guidance on cognitive assessment tools (type, administration, interpretation) and next steps if we suspect cognitive issues in a patient (e.g., opening dialogue, using an informant).
- ☐ Care coordination for patients with AD/RD and/or MCI is a challenge at our practice.
- ☐ We would like guidance on navigating family dynamics and/or challenging conversations about AD/RD (e.g, driving, retirement, transitioning to assisted living, disclosing a diagnosis, involving family in care).
- ☐ We would like guidance on behavioral issues and psychological symptoms for ourselves and/or family members of our patients.
- ☐ Identifying community resources for patients with AD/RD and their families is of interest.

**Let us know anything else that is relevant to your practice joining the ECHO series:**