

DiADeM Report

Date of Test		9/24/16
Time of Test		12:45 AM
Interviewer Name		Ida Interviewer
Patient's Name		Pete Patient
Informant Name		Ian Informant
Location		Nursing Home (code - 13F61)
Consent obtained from		Patient's close relative

Patient Review Summary

1 Functional Impairment		TRUE
2 Cognitive Impairment	6 CIT	TRUE
3 Corroborating History		TRUE
4 Investigations		TRUE
Requirement Considered	not set	
Blood Tests	not set (not set)	
5 Exclusion Criteria		TRUE

Diagnosis of Dementia Indicated

Please add this patient to the GP Register using the ICD 10 code(s) taken from
http://www.enhertsccg.nhs.uk/sites/default/files/content_files/Document_library/North_Guidance_on_Dementia_and_Delirium_Coding_document_published_July_2014
 Or using the regionally, locally agreed ICD 10 codes in your area

Ensure that the appropriate follow-up care including planning and next steps are recorded in the patient's health record including signposting to relevant Information and Advice and arrangements are made with the patient/carer/relative to discuss and agree the care plan and next steps.