Memory Assessment Report

Patient Name: Shone

Assessment Date: February 19, 2025

Assessment Time: 02:59 PM

Assessment Number: 5

# Assessment Details

**Question:** What is half of 100? **Answer:** 50

**Question:** Name an object that you use for cooking. **Answer:** frying pan

**Question:** What do you wear on your feet? **Answer:** shoe

**Question:** What is 15 divided by 3? **Answer:** 5

**Question:** If today is Monday, what day will it be in three days? **Answer:** Thursday

**Question:** What do you use to tell the time? **Answer:** watch

**Question:** What do you use to write with? **Answer:** pen

**Question:** If you add 10 and 5, what do you get? **Answer:** 15

**Question:** If it’s raining outside, what would you take with you? **Answer:** umbrella

**Question:** What is 5 plus 5 minus 3? **Answer:** 7

# Clinical Observations

Memory Performance Observations:

• Response Time and Clarity:

• Behavioral Observations:

• Additional Notes:

# Recommendations

Based on today's assessment: