Memory Assessment Report

Patient Name: Shone

Assessment Date: March 20, 2025

Assessment Time: 02:09 AM

Assessment Number: 1

# Assessment Details

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

**Question:** What do you do with a toothbrush? **Answer:** Brush my tooth

**Question:** Can you name three things that fly? **Answer:** crow, parrot, eagle

**Question:** Can you recite the alphabet? **Answer:** a b c d e f g h i j k l m n o p q r s t u v w x y z

**Question:** Name the months of the year in order. **Answer:** jan feb mar apr may jun jul agu sep oct nov dec

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

**Question:** If you subtract 7 from 20, what is the answer? **Answer:** 13

**Question:** If you have 8 oranges and give away 3, how many do you have left? **Answer:** 5

**Question:** If a train leaves at 4:30 PM and travels for two hours, what time will it arrive? **Answer:** 6:30

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

# Clinical Observations

Memory Performance Observations:

• Response Time and Clarity:

• Behavioral Observations:

• Additional Notes:

# Recommendations

Based on today's assessment: