

What To Ask Your Doctor - Neurologist's Cheatsheet

Purpose of Seeing the Neurologist:

1. **Confirm (or refine) the diagnosis**
2. **Determine whether symptoms fit dementia vs something else (or dementia + something else).**
3. **Figure out the likely type of dementia**

Alzheimer's, vascular, Lewy body, frontotemporal, Parkinson's-related, mixed dementia, etc. The type matters for meds, symptoms to watch for, and what can go wrong (for example, certain meds can be risky in Lewy body dementia).

4. **Rule out treatable "look-alikes" or contributors.**

Some issues can mimic or worsen cognition and may be partially reversible (med side effects, sleep apnea, thyroid/B12 issues, depression, seizures, normal-pressure hydrocephalus, strokes, etc.). A neurologist often knows what to screen for and how.

5. **Manage brain-related symptoms beyond memory**

Things like hallucinations, movement changes, falls, language decline, swallowing issues, seizures, severe sleep problems, or sudden changes.

6. **Optimize medications**

They can consider/adjust dementia meds (when appropriate), review meds that worsen confusion, and coordinate with psychiatry/primary care for mood/behavior meds.

7. **Order and interpret the right testing**

MRI/CT, neuropsych testing, sometimes EEG, and (in certain settings) more specialized testing to clarify the picture.

9. **Guide planning and safety**

Driving, wandering risk, fall prevention, capacity/decision-making, and what changes should trigger urgent evaluation.

10. **Recommendations on where to find newer treatments and clinical trials**

Depending on diagnosis/stage, they may discuss eligibility for disease-modifying therapies or refer to research centers.

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Here are Some Questions to Ask The Neurologist:

1. **Diagnosis & “What type is this?”**

- Based on what you see, what’s the most likely diagnosis and what type of dementia?
- What else could be causing these symptoms (or making them worse)?
- Is this possibly mixed dementia (Alzheimer’s + vascular, etc.)?
- What signs would make you rethink the diagnosis?

2. **Testing & what it changes**

- What tests do you recommend (MRI/CT, labs, neuropsych testing, sleep study, EEG)? What will each one tell us?
- Are there any “must-have” labs we should confirm were done (B12, thyroid, etc.)?
- Should we repeat imaging at any point?
- Do you recommend cognitive testing now to set a baseline?

3. **Stage, timeline, and what to expect next**

- What stage does this seem like right now?
- What symptoms typically come next with this type of dementia?
- What changes should prompt an urgent call or ER visit (sudden confusion, falls, new weakness, etc.)?

4. **Medications: benefits, risks, and options**

- Are dementia meds appropriate (donepezil/rivastigmine/galantamine, memantine)? Why or why not?
- What benefits should we realistically expect—and how will we know if it’s working?
- What side effects should we watch for (sleep issues, appetite/weight loss, dizziness, slow heart rate)?
- Are any current meds possibly worsening cognition (sleep aids, anticholinergics, benzodiazepines, etc.)?
- If there are hallucinations/agitation: what’s the safest approach for this specific dementia type?

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Here are Some Questions to Ask The Neurologist:

5. Behavior, sleep, and mood

- What do you recommend for agitation, anxiety, depression, apathy, or irritability?
- If sundowning is happening: what are your best strategies and when do meds make sense?
- If sleep is disrupted: could this be sleep apnea or REM sleep behavior disorder, and what do we do?
- Any tips for delusions/paranoia—what helps and what makes it worse?

6. Safety & daily life

- Is it safe for them to drive? How do we evaluate that?
- What should we do about fall risk, wandering, kitchen safety, meds, and finances?
- What should we tell family members to do/not do when they're "trying to help"?
- Do you recommend OT/PT/speech therapy? What would they target?

7. Medical planning & decision-making

- Do they still have capacity for medical decisions, legal documents, and finances?
- What should we do now for advance directives / POA planning (and what's urgent)?

8. Resources & follow-up

- What support services do you recommend (social work, memory clinic, caregiver training, community resources)?
- How often should we follow up, and who should manage what (neurology vs primary care)?
- What's the best way to contact your office if there's a sudden change?
- If you want to ask about newer treatments (if relevant)
- Are they eligible for any disease-modifying treatments or clinical trials?
- What are the benefits, risks, requirements (infusions, MRIs), and costs?

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Tips to Make Your Visit Run Smoother

1. Bring a one-page summary (and or send it to the office before your visit)
 - Current symptoms
 - When they started
 - Meds/supplements
 - Safety incidents (falls, wandering)
 - Sleep
 - 2-3 specific examples of "worst" episodes.
2. Come with your person with dementia, don't let them go by themselves
3. Keep a journal of your observations to look back on.
4. Make sure you have either their permission (early stages) or a medical POA+ HIPAA form so you can give and receive medical information more easily.