

## ADMISSION and EXCLUSION CRITERIA

### Admission Criteria:

- Patients aged 50+ presenting with symptoms of a possible dementing disorder
- Our primary function is the diagnosis and management of dementia with a focus on MCI, atypical and complex cases.

### Exclusion Criteria:

- Cognitive/memory change following a recent (i.e. 12 months) ABI such as stroke or head injury.
- Cognitive dysfunction in the context of well- established neurological or immunological conditions such as MS, Huntington's, HIV/Aids, etc. unless there is a reason for the referral source to suspect a concomitant neurodegenerative process could be present.
- Cognitive complaints in the context of active un/inadequately treated psychiatric disorders who may be better served by geriatric psychiatry.
- Cognitive complaints in the context of active, recent, and contributory substance abuse.
- The referral is not aligned with our tertiary care services such as acute conditions (e.g. recent stroke, delirium) or determining eligibility for surgery, formal capacity assessments.
- Pt's already in LTC, on wait list for long-term care or on Memory Care Unit of assisted living facility are not accepted
- Sole purpose of referral is for driving assessment.
- On case-by-case basis and may require direct MD to MD discussion to determine eligibility patient actively followed or referred by psychiatry, geriatric psychiatry, geriatrician will be reviewed on case-by-case basis and may require direct MD to MD discussion to determine eligibility
- Patients with multimorbidity, frailty, functional decline, falls, mobility issues, home safety concerns, polypharmacy who would be better served by a GDH
- Patients with prior diagnosis of dementia on appropriate treatment (eg. Cholinesterase inhibitor) and with appropriate supports and whose needs are better served by community services.