



Patient ID : () Patient Name : () Gender/Age : ()

Function Examination Result

Department of Neurology : Hospital (Outpatient)

Date Created : 2018-11-06 13:03

Report of test group results for cognitive impairment / Final

	Test Results	Reference	Note
Mini-Mental State Examination (MMSE)	(18) / 30	27-30 : Normal 25-26: Suspected 24 or less: cognitive impairment	- Because of the high correlation between the education level and the score, clinical consideration of cognitive impairment is needed.
Clinical Dementia Rating (CDR)	1.0	0: Normal 0.5: Questionable 1: Mild 2: Moderate 3: Severe	- For CDR 0.5, please retest after 6 months
Frontal Assessment Battery (FAB)	(16) / 18	17-18: Normal 16 or less: frontal dysfunction 12 or less: FTD estimation (sensitivity 79%)	Overall evaluation items (Item 6) conceptualization, cognitive flexibility, continuity of behavior, Conflicting instruction, inhibition control
Neuro-psychiatric Inventory Questionnaire (NPI-Q)	Total score: 30 points Reported abnormal behavior: delusions, abnormal	Score possible .0 - 180 The larger the score, handicapped Enumerate the top 5 items with severe disabilities	All survey items (Section 12) delusions, hallucination, stubbornness, depression, anxiety, mania, apathy, disinhibition, nervousness, ataxia, nighttime behavior, appetite



Patient ID : () Patient Name : () Gender/Age : ()

Function Examination Result

Department of Neurology : Hospital (Outpatient)

Date Created : 2018-11-06 13:03

Report of test group results for cognitive impairment / Final

	movements		
Instrumental Activities of Daily Living (K-IADL)	0.6	Normal: Less than 0.43 Score range: 0-3 The higher the score, handicapped	Full survey items (section 11) Buy in the market, transportation, money management, housework, food preparation. Phone call, taking medicine. recent memories, hobbies watching TV, House repair
Geriatric Depression Scale (GDS)	3	Score Scope: 0-30 Normal: 0- 17 points Depression : 18 points or more 18 ~ 20 points (reliability 66.67%) 21 points or more (reliability 85%)	If you have a score of -21 or more, consider antidepressants.
Geriatric Stress Scale (GSS)	0	Score range: 0-48 points	
Lewy body composite risk score	0		

Conclusion Acute/subacute cognitive impairment

Recommendations Memory and attention deficits were observed.



Patient ID : () Patient Name : () Gender/Age : ()

Function Examination Result

Department of Neurology : Hospital (Outpatient)

Date Created : 2019-01-14 16:53

Report of test group results for cognitive impairment / Final

	Test Results	Reference	Note
Mini-Mental State Examination (MMSE)	(17) / 30	27-30 : Normal 25-26: failure suspected 24 or less: cognitive impairment	- Because of the high correlation between the education level and the score, clinical consideration of cognitive impairment is needed.
Clinical Dementia Rating (CDR)	1.0	0: Normal 0.5: Questionable 1: Mild 2: Moderate 3: Severe	- For CDR 0.5, please retest after 6 months
Frontal Assessment Battery (FAB)	(14) / 18	17-18: Normal 16 or less: frontal dysfunction 12 or less: FTD estimation (sensitivity 79%)	Overall evaluation items (Item 6) Conceptualization, cognitive flexibility, continuity of behavior, conflicting instruction, inhibition control
Neuro-psychiatric Inventory Questionnaire (NPI-Q)	Total score: 0 points Abnormal behavior reported: None	Score possible .0 • 180 The larger the score, handicapped Enumerate the top 5 items with severe disabilities	All survey items (Section 12) delusions, hallucination, stubbornness, depression, anxiety, mania, apathy, disinhibition, nervousness, ataxia, nighttime behavior, appetite



Patient ID : () Patient Name : () Gender/Age : ()

Function Examination Result

Department of Neurology : Hospital (Outpatient)

Date Created : 2019-01-14 16:53

Report of test group results for cognitive impairment / Final

Instrumental Activities of Daily Living (K-IADL)	0.3	Normal: Less than 0.43 Score range: 0-3 The higher the score, handicapped	Full survey items (section 11) Buy in the market, transportation, money management, housework, Food preparation. Phone call, taking medicine. recent memories, hobbies. Watching TV, House repair
Geriatric Depression Scale (GDS)	2	Score Scope. 0-30 Normal: 0- 17 points Depression : 18 points or more 18 ~ 20 points (reliability 66.67%) 21 points or more (reliability 85%)	If you have a score of -21 or more, consider antidepressants.
Geriatric Stress Scale (GSS)	2	Score range: 0-48 points	
Lewy body composite risk score	0		

Conclusion Attention disorder

Recommendations Attention disorder and memory impairment are observed.

This is an improvement over the previous test (2018.11).



SEOUL NATIONAL UNIVERSITY HOSPITAL
MEDICAL CERTIFICATE

[Redacted Patient Information]

PERMANENT ADDRESS	PHONE (INT.)
-------------------	--------------

THIS CERTIFIES THAT THE ABOVE NAMED PATIENT WAS EXAMINED WITH THE FOLLOWING RESULTS:

1. DIAGNOSIS : PRELIMINARY CONCLUSIVE

#r/o metabolic encephalopathy
#r/o subjective memory impairment
 #r/o anxiety disorder

2. TREATMENT 3. OPINION

The patient needs long-term medication and supportive care.

PHYSICIAN'S NAME :	AH WON KIM M.D.	[Redacted]
LICENSE NUMBER :	120744	
DEPT. OF:	Neurology	DATE ISSUED: 05 / 31 / 2019 (MM/DD/YYYY)

SEOUL NATIONAL UNIVERSITY HOSPITAL

[Redacted Signature]



This document is invalid without SNUH stamp. [Redacted]

INTERNATIONAL HEALTHCARE CENTER / SEOUL NATIONAL UNIVERSITY HOSPITAL

[Redacted] JONGNO-GU SEOUL, 03080 KOREA / TEL: +82-2-2072-0505 / FAX: +82-2-2072-0785 /
 EMAIL: international@snuh.org / WEB: www.snuh.org/english

Patient ID : () Patient Name : (CHO) Gender/Age : ()

기능검사결과

진료과 : 신경과 (외래)

작성일 : 2019-01-14 16:53

인지장애 유무 판정을 위한 검사군 결과 보고 (최종)

인지장애 유무

환자

정보제공자 / 보호자

교육 문맹 무학

환자와의 관계

아들

동거

(초 중 고 대) 졸 총 6년

성별

나이 만

세

검사자 관찰사항

	검사결과	참고치†	참고 사항
Mini-Mental State Examination (MMSE)	17 / 30	27-30 : 정상 25-26 : 장애 의심 24이하: 인지장애	- 교육 수준과 점수의 상관관계가 높으므로, 인지장애 여부에 대한 임상적 고려를 요함 25 - 26 : Suspected 24 or less: Cognitive impairment Because of the high correlation between the education level and the score, clinical consideration of cognitive impairment is needed.
Clinical Dementia Rating (CDR)	1.0	0: Normal 0.5: Questionable 1: Mild 2: Moderate 3: Severe	- CDR 0.5인 경우 6개월 후 재검사요망 please retest after 6 month
Frontal Assessment Battery (FAB)	14 / 18	17-18: 정상 16 이하: 전두엽 기능 장애 12 이하: FTD 추정 (민감도 79%)	전체평가항목(6항) 개념화, 인지적 유연성, 행동 연속성, 상충되는 지시, 억제 조절 16 or less: frontal dysfunction 12 or less: FTD estimation (sensitivity 79%) Overall evaluation items (Item 6) conceptualization, cognitive flexibility, continuity of behavior, conflicting instruction, inhibition control
Neuro-psychiatric Inventory Questionnaire (NPI-Q)	총점 : 0 점 보고된 이상행동: 없음 Abnormal behavior reported: None	점수가범위:0-180 점수가 클수록 장애 장애 정도가 심한 상위 5개 항목까지 열거함	전체조사항목(12항) 망상, 환각, 완고함, 우울, 불안, 조증, 무감동, 탈억제, 신경질, 운동장애, 야간 행동, 식욕 Score possible 0 - 180 The larger the score, handicapped Enumerate the top 5 items with severe disabilities All survey items (Section 12) delusions, hallucination, stubbornness, depression, anxiety, mania, apathy, disinhibition, nervousness, ataxia, nighttime behavior, appetite
Instrumental Activities of Daily Living (K-IADL)	0.3	정상: 0.43점 미만 점수가범위: 0-3 점수가 클수록 장애	전체조사항목(11항) 시장보기, 교통수단, 돈관리, 집안일, 음식준비, 전화, 약복용, 최근기억, 취미생활, TV시청, 집안수리 Score range: 0 - 3 The higher the score, handicapped Buy in the market, transportation, money management, housework, food preparation, phone call, taking medicine, recent memories, hobbies, watching TV, house repair

첨부한 사본은 의무기록 원본과 같음을 증명합니다.

Patient ID : () Patient Name : (CHO) Gender/Age : ()

Geriatric Depression Scale (GDS)	2	점수가능범위: 0-30 정상:0- 17점 우울증:18점이상 18~20점 (신뢰도66.67%) 21점이상(신뢰도85%)	-21점이상인 경우 항우울제를 고려요망
Geriatric Stress Scale (GSS)	2	점수가능범위: 0-48점	
Lewy body composite risk score	0		

Normal: 0 - 17 points
Depression : 18 points or more
18 - 20 points (reliability 66.67%)
21 points or more (reliability 85%)
If you have a score of -21 or more, consider antidepressants.

† 문헌상 보고된 잠정치임, 이에 대한 자료 문의는 신경심리검사실(3932)

결 론 주의력 장애

추천사항 1. 주의력 장애 및 기억력 장애가 관찰됩니다.
2. 이전검사(2018.11)에 비교하여 호전된 양상입니다. This is an improvement over the previous test (2018.11).

검사 및 판독 강세희 / 이하은 / / 이경민 MD, PhD

판독의 이경민 이경민

Pf. Kyung-min Lee, Neurologist

기능검사결과

진료과 : 신경과 (외래)

작성일 : 2018-11-06 13:03

인지장애 유무 판정을 위한 검사군 결과 보고 (최종)

인지장애 유무

환자

교육 문맹 무학

(초 중 고 대) 졸 총 6년

검사자 관찰사항

정보제공자 / 보호자

환자와의 관계 아들 동거

성별 나이 만 세

Son / Cohabitation

Patient ID : () Patient Name : (CHO) Gender/Age : ()

	검사결과 Results	참고치†	참고 사항
Mini-Mental State Examination (MMSE)	18 / 30	27-30 : 정상 25-26 : 장애 의심 24이하: 인지장애	- 교육 수준과 점수의 상관관계가 높으므로, 인지장애 여부에 대한 임상적 고려를 요함
Clinical Dementia Rating (CDR)	1.0	0: Normal 0.5: Questionable 1: Mild 2: Moderate 3: Severe	- CDR 0.5인 경우 6개월 후 재검사요망
Frontal Assessment Battery (FAB)	16 / 18	17-18: 정상 16 이하: 전두엽 기능 장애 12 이하: FTD 추정 (민감도 79%)	전체평가항목(6항) 개념화, 인지적 유연성, 행동 연속성, 상충되는 지시, 억제 조절
Neuro-psychiatric Inventory Questionnaire (NPI-Q)	총점 : 30 점 보고된 이상행동: 망상, 이상운동	점수가가능범위:0-180 점수가 클수록 장애 장애 정도가 심한 상위 5개 항목까지 열거함	전체조사항목(12항) 망상, 환각, 완고함, 우울, 불안, 조증, 무감동, 탈억제, 신경질, 운동장애, 야간 행동, 식욕
Instrumental Activities of Daily Living (K-IADL)	0.6	정상: 0.43점 미만 점수가가능범위: 0-3 점수가 클수록 장애	전체조사항목(11항) 시장보기, 교통수단, 돈관리, 집안일, 음식준비, 전화, 약복용, 최근기억, 취미생활, TV시청, 집안수리
Geriatric Depression Scale (GDS)	3 Normal: 0 - 17 points Depression : 18 points or more 18 ~ 20 points (reliability 66.67%) 21 points or more	점수가가능범위: 0-30 정상:0- 17점 우울증:18점이상 18~20점 (신뢰도66.67%) 21점이상(신뢰도85%)	-21점이상인 경우 항우울제를 고려요망 of - 21 or more, consider antidepressants.
Geriatric Stress Scale (GSS)	0(reliability 85%)	점수가가능범위: 0-48점	
Lewy body composite risk score	0		

25 - 26: Suspected
24 or less: cognitive impairment
- Because of the high correlation between the education level and the score, clinical consideration of coanitive impairment is needed.

please retest after 6 month

16 or less: frontal dysfunction
12 or less: FTD estimation (sensitivity 79%)
Overall evaluation items (Item 6) conceptualization, cognitive flexibility, continuity of behavior, Conflicting instruction, inhibition control

Score possible .0 ~ 180
The larger the score, handicapped
Enumerate the top 5 items with severe disabilities
All survey items (Section 12) delusions, hallucination, stubbornness, depression, anxiety, mania, apathy, disinhibition, nervousness, ataxia, nighttime behavior. appetite

0.43
Score range:
0 - 3 The higher the score, handicapped

transportation, money management, housework, food preparation, phone call, taking medicine, recent memories, hobbies, watching TV, house repair

† 문헌상 보고된 잠정치임, 이에 대한 자료 문의는 신경심리검사실(3932)

결 론 급성/아급성 인지장애 급성 인지장애

추천사항 1. 기억력 장애 및 주의력 장애가 관찰되었습니다.

첨부한 사본은 의무기록 원본과 같음을 증명합니다.

Patient ID : ([REDACTED]) Patient Name : ([REDACTED] CHO) Gender/Age : ([REDACTED])

2. 3개월 후 추적검사 의뢰를 고려하기 바랍니다.

검사 및 판독 강세희 / 이하은 / [REDACTED] / 이경민 MD, PhD

판독의 이경민 이경민

Pf. Kyung-min Lee,
Neurologist

기능검사결과

진료과 : 이비인후과 (외래)

작성일 : 2012-05-14 11:40





SEOUL NATIONAL UNIVERSITY HOSPITAL
MEDICAL CERTIFICATE

NAME	■■■■ CHO	GENDER	■■■■	BIRTH DATE (MM/DD/YYYY)	■■■■
NATIONALITY	Republic of Korea	SNUH ID NO.	■■■■	PASSPORT or R.O.K. ID NO.	
KOREAN ADDRESS	Seoul			PHONE (KOREA)	■■■■
PERMANENT ADDRESS				PHONE (INT.)	

THIS CERTIFIES THAT THE ABOVE NAMED PATIENT WAS EXAMINED WITH THE FOLLOWING RESULTS:

1. DIAGNOSIS : PRELIMINARY CONCLUSIVE

- #r/o metabolic encephalopathy
- #r/o subjective memory impairment
- #r/o anxiety disorder

2. TREATMENT 3. OPINION

The patient needs long-term medication and supportive care.

PHYSICIAN'S NAME :	AH WON KIM	M.D.	<i>김아원</i>
LICENSE NUMBER :	120744		
DEPT. OF:	Neurology	DATE ISSUED: (MM/DD/YYYY)	05 / 31 / 2019

SEOUL NATIONAL UNIVERSITY HOSPITAL

서울대학교병원



This document is invalid without SNUH stamp. (병원 직인이 없는 경우 무효함).

INTERNATIONAL HEALTHCARE CENTER / SEOUL NATIONAL UNIVERSITY HOSPITAL

■■■■ JONGNO-GU SEOUL, 03080 KOREA / TEL: +82-2-2072-0505 / FAX: +82-2-2072-0785 /
 EMAIL: international@snuh.org / WEB: www.snuh.org/english