



**CHAMPLAIN DEMENTIA NETWORK**  
**DEMENTIA EDUCATION PROGRAM for FAMILY PHYSICIANS**

*This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for Mainpro-MI credits and up to 1.0 Mainpro-C credits.*

- Small group, highly interactive sessions can be done in your office (breakfast/lunch/late afternoon with food provided. Ideal size 4 – 12 persons but flexible.
- Sessions have been done with over 400 doctors in the last several years and are highly rated as practical and useful.
- Physician educators include: Dr. Anna Byszewski, Dr. Louise Carrier, Dr. Bill Dalziel, Dr. Inge Loy-English, Dr. Andrew Frank, and Dr. Barbara Power.

**In order to book a session, please complete the following:**

**Please rank (1 – 4) your top 4 areas of interest for your session**

1. \_\_\_\_\_ Early identification/screening for cognitive impairment
2. \_\_\_\_\_ Differing Mild Cognitive Impairment (MCI) from normal aging and from dementia
3. \_\_\_\_\_ Practical office based assessment of dementia in 3 – 5 visits (a Dementia Toolkit)
4. \_\_\_\_\_ Diagnosis of more unusual dementias: Lewy Body Dementia/ Fronto Temporal Dementia
5. \_\_\_\_\_ Approach to Vascular Dementia, Mixed Alzheimer's/Vascular Dementia and treatment of "risk factors"
6. \_\_\_\_\_ Nuts and bolts of starting Cholinesterase Inhibitors
7. \_\_\_\_\_ How to monitor patient response to Cholinesterase Inhibitors
8. \_\_\_\_\_ Switching strategies: dealing with patients who don't tolerate or respond to the first Cholinesterase Inhibitor
9. \_\_\_\_\_ Assessing driving safety (a Driving and Dementia Toolkit)
10. \_\_\_\_\_ Behaviours and psychological symptoms of dementia
11. \_\_\_\_\_ Diagnosis disclosure
12. \_\_\_\_\_ Severe dementia
13. \_\_\_\_\_ Other \_\_\_\_\_

**SCHEDULING and CONTACT INFORMATION**

**Preferred start times (Please list 2 or 3 days/dates of the week including start times)**

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please fax this form to Alzheimer Society of Ottawa and Renfrew County: 613-523-8522**