



NCS DIAGNOSTIC CLASSIFICATION FORM

ID NUMBER:

FORM CODE:

DATE: 10/14/2016
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Review Completion Date: / / 0b. Reviewer ID:

Month Day Year

0c. Date Review Assigned: / /

Month Day Year

Instructions: This form should be completed by the reviewer using the Diagnostic Classification Packet materials.

A. STATUS OF REVIEW

1. Review type:
Initial reviewI
Adjudication reviewA

B. SYNDROMIC DIAGNOSIS

2. Reviewer diagnosis:
Normal.....N → **GO TO ITEM 3**
MCI.....M → **GO TO ITEM 3**
Dementia.....D → **GO TO ITEM 3**
Unclassifiable.....U

If unclassifiable, select reason (may choose more than one):

2a. Too much missing data
2b. Internally conflicting data.....
2c. Developmentally delayed
2d. Other
2d1. If other reason, specify:

3. Reviewer diagnosis differs from algorithmic diagnosis: Yes _Y No _N → **END OF FORM**

If diagnosis differs, select reason (may choose more than one):

3a. Missing data due to explicit reason
3b. Extreme educational, occupational, or baseline scores
3c. Testing validity (psychometrist's opinion)
3d. Other
3d1. If other reason, specify: