MANA
MĀORI ASSESSMENT OF NEUROPSYCHOLOGICAL ABILITIES

HISTORY TAKING

MIHI (initial greeting and engagement)
Introduce yourself (name and role), ask name and relationship for those attending

DATE: ...../...../.....

NAME / INGOA:.....**Date of Birth:** ...../...../.....

WHĀNAU OR FRIEND PRESENT:

Name (relationship):.....(.....)

WHAKAWHANAUNGATANGA (establishing relationship/connection)

- Share your whakapapa (geneology) if you are able, if not share briefly where you are from
- Give time for attendees to share also
- Consider asking participants if they would like an opening karakia, if time allows.

WHAT IS YOUR IWI? .....

WHAT IS YOUR MAUNGA? .....

WHAT IS YOUR AWA?.....

Sample Opening Karakia:

Māori	Māori phonetic	English
Whakataka te hau ki te uru, Whakataka te hau ki te tonga. Kia mākinakina ki uta, Kia mātaratara ki tai. E hī ake ana te atākura He tio, he huka, he he hau hū Haumi e! Hui e! Tāiki e!	Fakataka tay ho key tay oo-roo, Fakataka tay ho key tay tonga, Key-a maa-keynakeyna key oota, Key-a maa-taratara key tai, Air hee arkay arna tey ahtaakoora, Hear teo, Hear hooka, hear ho-hoo, Ho-me-ay hoo-e-ay taa-iki-ay!	Prepare for the westerly, Prepare for the southerly, It will be icy cold inland, and icy cold on the shore. May the dawn rise red-tipped on ice, on snow, on frost. Join! Gather! Intertwine!

KAUPAPA* (gathering information) *Note option to complete ***contextual tool*** before proceeding further

TAKE / ISSUES FROM PATIENT:

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TAKE / ISSUES FROM WHĀNAU:

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WHAT DOES THE PATIENT DO DURING A TYPICAL DAY?:

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WHAT WAS THE FIRST SYMPTOMS REPORTED BY PATIENT AND/OR OBSERVED BY WHĀNAU?:

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HOW LONG SINCE THE ISSUES STARTED? . . . . . years or . . . . . months don't know

DID IT START SUDDENLY OR GRADUALLY? sudden gradual don't know
(circle the answer)

Pattern of Progression: Stepwise ☐ Fluctuating variable ☐

Slowly progressive (over years) ☐ Rapidly progressive (over months) ☐

ANY IMPROVEMENT SINCE IT STARTED? yes no don't know

ANY OBVIOUS TRIGGER? (if yes, what)

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CAN THE PATIENT DO THE FOLLOWING THINGS ON THEIR OWN OR NEEDS HELP? (circle the answer)

Bathing	does by self	**needs help**	Don't know
Toileting	does by self	**needs help**	Don't know
Dressing	does by self	**needs help**	Don't know
Grooming	does by self	**needs help**	Don't know
Feeding	does by self	**needs help**	Don't know
Using phone	does by self	**needs help**	Don't know
Food Prep	does by self	**needs help**	Don't know
Housekeeping	does by self	**needs help**	Don't know
Driving	does by self	**needs help**	Don't know
Laundry	does by self	**needs help**	Don't know
Shopping	does by self	**needs help**	Don't know
Taking medication	does by self	**needs help**	Don't know
Managing money	does by self	**needs help**	Don't know

DO THEY HAVE PROBLEMS WITH:

CONTROLLING THEIR MIMI / URINE?	Yes	No
CONTROLLING THEIR TIKO / FAECES	Yes	No
GETTING OUT OF BED BY THEMSELVES?	Yes	No

MOBILITY:

CAN THEY WALK BY THEMSELVES?	Yes	No	
DO THEY USE WALKING AIDS	Yes	No	
If yes, what item?	STICK	FRAME	OTHER . . . . .

CURRENT MAIN LANGUAGE?. . . . . **AGE WHEN LEFT SCHOOL?**. . . . . .

WHAT IS THEIR HIGHEST EDUCATION?. . . . . .

WHAT AGE WAS THIS ATTAINED?. . . . . .

MAIN OCCUPATION WHEN WORKING?. . . . . .

LIVING SITUATION?. . . . . .

Who lives in your whare / house with you?. . . . . .

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WHĀNAU / FAMILY CONNECTIONS?. . . . . .

Do you have a partner? If yes, how is living with your partner?. . . . . .

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WHAT ARE YOUR MARAE CONNECTIONS?. . . . . .

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NAME ANY INTERESTS/HOBBIES OR ANY COMMUNITY GROUPS YOU BELONG TO?

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How do you keep your mind active?

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DO THEY HAVE CARERS HELPING? (circle) Yes No

If yes private paid or government funded or whānau & how often?

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EVER A HEAVY DRINKER? (circle) No Yes

If yes, for how long?

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HOW MUCH ALCOHOL DRINKING NOW? . . . . . .

(Average number of drinking days per week; average number of drinks per drinking day)

DO THEY SMOKE? Never Ex-smoker Current (How much) . . . . . .

If ex-smoker, how long ago, how much did they smoke? . . . . . .

HAVE THEY TAKEN RECREATIONAL/ILLICIT DRUGS? . . . . . .

e.g injected, hooka or bong, meth, cannabis

SMOKE ALARM IN THE HOME? Yes No

PERSONAL ALARM? Yes No

(usually worn on necklace or wrist)

DO THEY HAVE A POWER OF ATTORNEY? Yes No

If yes, who is it? (1. Personal care and welfare; 2. Property)

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QUESTION FOR THE CARER OR WHANAU:

How are you coping? Are things OK with being the carer?

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IS THEIR MOOD OK? Yes No

SLEEPING ALRIGHT? Yes No

FALLS? Yes No

If yes, then need more information on them

LOSING WEIGHT? Yes No

(How much over last 2 months)

HEADACHES? Yes No

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SEEING OR HEARING things that others can't hear or see? Yes No
If yes, what?

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Increased suspiciousness or beliefs that people are stealing things or deliberately doing things to annoy them? Yes No
If yes, what?

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Does pain discomfort or fatigue affect your wellbeing? Yes No

PAST MEDICAL AND SURGICAL ISSUES:

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EVER HAD:

Stroke	Yes	No	Epilepsy	Yes	No
High blood pressure	Yes	No	Confusion when unwell	Yes	No
Heart attack or angina	Yes	No	Thyroid problems	Yes	No
High cholesterol	Yes	No	Head Injury	Yes	No
Diabetes	Yes	No			

MEDICATIONS:
(and how good are they at taking them?)

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ALLERGIES? Yes No
If yes, what?

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WHANAU/FAMILY HISTORY OF DEMENTIA? Yes No
If yes, who and the age when they first showed signs/symptoms of dementia?

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PREMORBID PERSONALITY

(e.g. sociability; independent or relying on others; how they cope with stress; naturally trusting or a bit suspicious; perfectionistic)

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EXAMINATION

Weight . . . . . Pulse . . . . . BP lying . . . . . BP standing . . . . . .

Appearance & Affect

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Neurologic examination (incl. walking)

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TESTS DONE SO FAR	Date	Result		Date	Result
Sodium			TSH		
Creatinine			B12		
Liver function			CBC		
Calcium			CT Head Scan		
MSU If indicated, consider HIV, syphilis aetiology.					

POROPOROAKI (Explanation, Planning and Closing session)

DIAGNOSIS

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MANAGEMENT PLAN

Blood tests	CT Head
Medication review	
Lifestyle advice (exercise, no excessive alcohol, healthy diet, cognitively stimulating activities, social contact, BP neither too high or too low)	
Cholinesterase inhibitor – consider suitability	
Information Leaflets	
EPOA, Will	
Advance Care Planning	

Referrals	Driving assessment	Dementia Info Organisation
	Meals on Wheels	NASC - Home Help, Respite Care, Carer Support

FOLLOW-UP

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Consider closing **karakia** if time allows.

Māori	Māori phonetic	English
Kia whakairia te tapu Kia wātea ai te ara Kia turuki whakataha ai Kia turuki whakataha ai Haumi e. Hui e. Tāiki e!	Key-a faka-irey-a tay ta-pu Key-a waa-tear eye tay arra Key-a too-roo-key faka-taha eye Key-a too-roo-key faka-taha eye Ho-me-ay hoo-e-ay taa-iki-ay!	Restrictions are moved aside So the pathways is clear To return to everyday activities