## HODKINSON MENTAL TEST SCORE ONE POINT FOR EACH CORRECT ANSWER

PATIENT'S NAME:

HOSPITAL NO:

DATE					
Age					
Time (to nearest hour)					
Address (for recall) 42 West Street, or 92 Columbia Rd.	*	*	*	*	*
Name of hospital/area of town.					
Year					
Patient's date of birth					
*Month					
Year of First/Second World War					
Name of monarch/president					
Count backwards 20 to 1 No errors but can correct self.					
Recall address above.					
TOTAL					