



ARIA Appointment Discussion Guide

Carry this document to your next doctor's appointment

Patient Name and Address:

Doctor's Name and Contact Information:

Appointment Date and Time:

Current Medications:

QUESTIONS FOR MY DOCTOR:

1. What is my/my loved one's risk of ARIA?

Notes: _____

2. What symptoms should I watch for?

Notes: _____

3. How often are MRI scans repeated?

Notes: _____

4. If ARIA is found, how will it affect the treatment?

Notes: _____

5. If ARIA is detected, will the treatment have to be discontinued?

Notes: _____

6. Who will provide the required support if ARIA is detected?

Notes: _____

Primary Emergency Contact Person:

Name: _____ Phone: _____

Additional Notes or Questions:

DISCLAIMER: For educational use only.

Are There Additional Resources About ARIA?

You can request educational materials from your local memory care clinic, neurologist, or treatment center. Additionally, you can obtain more information at: <https://www.alz.org/professionals/health-systems-medical-professionals/amyloid-targeting/aria-anti-amyloid-therapies>



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