



Mini- Mental State Examination  
Senior Adult Oncology Program

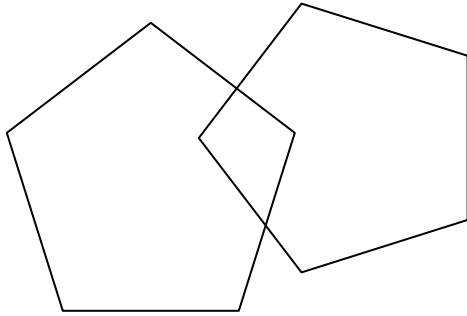
CLOSE YOUR EYES

---

WRITE A SENTENCE

---

COPY DESIGN



Examiner's Name \_\_\_\_\_ Time: \_\_\_\_\_ Date \_\_\_\_\_

PATIENT LABEL
---------------