Mini-Cog Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no word lists, clock instructions, or forms

The Mini-Cog is a three-minute cognitive screen: three-item recall (0 to 3) plus a pass-or-fail clock (2 or 0), total 0 to 5. It screens, it never diagnoses, and no US, Canadian, or Australian authority requires it by name. Defensible charting names both components with the form and word-list version, the language and administrator, and the validity conditions; keeps the interpretation to a screen; and closes the follow-up loop.

Context and indication why the screen was done

Do: wellness-visit component, patient or family concern, follow-up of a prior screen, or a baseline; the Medicare rule requires detection, not a tool.

Pitfall: "Mini-Cog required by Medicare," or a score with no indication.

The exact result, both components recall x/3, clock x/2, total x/5

Do: chart each component (clock 2 = normal, 0 = abnormal; inability or refusal = 0) plus the total, in the discrete EHR field.

Pitfall: a bare total: two words with a failed clock and no words with a normal clock both read "2/5."

Form, version, and language name it so the next test can differ

Do: standardized numerical or graphical form, word-list version (1 to 6), language version, interpreter or language-concordant examiner; alternate lists on repeat.

Pitfall: recall words written into the note, a translation charted as plain "Mini-Cog," or the same list reused silently.

Administrator and validity conditions conclude before you interpret

Do: who administered; hearing and vision aids, motor limits, pain, fatigue, acute illness, sedation, attention, education and literacy, analog-clock familiarity, deviations; then: interpretable / with caution / not interpretable.

Pitfall: a precise total beside a condition that made it uninterpretable; a motor or literacy barrier scored as a cognitive clock failure.

Interpretation kept to a screen 0 to 2 positive; 3 to 5 lower likelihood

Do: state the classification and your program's rule for scores under 4; say it does not establish MCI, dementia, cause, capacity, or driving fitness; note reversible contributors considered.

Pitfall: "positive dementia screen," a dementia code from a screen, or a normal score used to dismiss reported decline.

Disclosure, collateral, and function plain terms, informant, IADLs

Do: what was explained, who was present with permission, the patient's response; informant, onset and course; medications, finances, driving, appointments.

Pitfall: no disclosure recorded, a label delivered from a screen, no informant sought.

Action, owner, and the closed loop the number is not the note

Do: reversible-contributor review, medication reconciliation, investigations, fuller assessment or referral, interim safety steps, owner and date; declined = offered + declined + alternative + re-offer.

Pitfall: a positive screen that ends at a number, or a refusal entered as a zero.

Before the note is signed

- [ ] Indication named; no invented Medicare mandate
- [ ] Recall, clock, and total all charted, in the discrete field
- [ ] Form, word-list version, language, and interpreter named
- [ ] Validity conditions listed and a validity conclusion drawn
- [ ] Kept a screen: no diagnosis, capacity, or driving conclusion
- [ ] Disclosure, informant, and function recorded
- [ ] Loop closed: plan, owner, date; declined charted as declined

Drafting with AI

Give it the facts: form and word-list version, language, administrator, both component scores, validity conditions, disclosure, collateral, prior result, plan.

"Draft Mini-Cog documentation: standardized numerical form, Spanish, list 3, RN-administered, recall 1/3, clock 0/2, total 1/5, standard conditions, daughter reports nine months of missed bills, assessment visit scheduled 08/25."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

0 to 5	**0 to 2 = positive**	**Both components**	**Free for clinical use**
recall 0 to 3 + clock 0 or 2	3 to 5 lower likelihood, not excluded	plus list version and language	commercial and research need permission

Full guide and sample note: **bastiongpt.com/template/mini-cog**

Mini-Cog Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no test content.

Setting: | Patient (initials): | Date: | Clinician:

Form + word-list version + language: | Administered by (role) + indication:

Conditions and validity
Hearing and vision aids · motor limits · pain · acute illness · attention · education and literacy · analog-clock familiarity · deviations · conclusion: interpretable / with caution / not interpretable

Result
Recall ___/3 · clock ___/2 (2 normal, 0 abnormal) · total ___/5 · prior result and list version if repeat

Interpretation
Screen positive (0 to 2) / negative (3 to 5) · program rule for scores under 4 · not MCI, dementia, cause, capacity, or driving fitness · reversible contributors considered

Disclosure and collateral
What was explained · who was present with permission · response · informant, onset, course

Function and safety
Medications · finances · appointments · driving · cooking · falls · vulnerability

Plan and closed loop
Medication review · investigations · fuller cognitive and functional assessment or referral · interim safety steps · owner and date

Declined or invalid attempt
Offered and declined · reason if volunteered · alternative assessment · re-offer plan · invalid: reason and reassessment plan · never a score

Clinician (name and credentials): | Signature: | Date: