MoCA Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

The MoCA is a 30-point cognitive screen sensitive to mild cognitive impairment. The score is a flag, not a diagnosis: the 26 cutoff over-identifies in many populations, adapted versions use 22- and 15-point denominators, and since December 2025 certification is optional for total-score screening and required for domain interpretation.

Clinical state and purpose baselines need context
Do: record why the screen was done and the state: routine, complaint, baseline, recovery; delirium or acute illness noted.
Pitfall: a during-delirium score charted without context, then treated as the baseline.

Version, language, mode, denominator /30, /22, /15 forms exist
Do: name the form (Full v8.1/8.2/8.3, Basic, Blind-Telephone /22, 5-minute /15), language, mode.
Pitfall: converting /22 to /30; the official FAQ says the conversion is not validated.

Raw and adjusted, both three separate facts
Do: raw total, education years, correction status: +1 only for 12 or fewer years, only below 30.
Pitfall: one merged number; correction at 30/30 or at every education level.

Testing conditions later change depends on them
Do: note hearing aids, lenses, motor limits, interpreter, interruptions, deviations.
Pitfall: conditions omitted, making a later three-point difference uninterpretable.

Domain notes only when qualified patterns, not localization
Do: where certified or exempt, chart relative patterns ("relative weakness in new learning").
Pitfall: mapping a missed task to an etiology; domain scores are less reliable than the total.

Interpretation in context 26 is not a verdict
Do: frame below-26 as below the 2005 sensitivity-oriented threshold; lower cutoffs (~23) fit many populations.
Pitfall: "abnormal / has dementia" from the score; 66% of one diverse community sample scored below 26.

Function, plan, serial setup comparability is built now
Do: tie the score to function and collateral; plan the workup; set the next test: alternate form, same mode and language.
Pitfall: reading 1 to 2 points as progression; reliable change runs roughly 2 to 4 points.

Before the note is signed

- [ ] Clinical state recorded; delirium noted if present
- [ ] Version named with language, mode, denominator
- [ ] Raw score, education years, correction status separate
- [ ] Conditions and deviations recorded
- [ ] Domain notes only if certified or exempt
- [ ] Interpretation framed as screen, not diagnosis
- [ ] Function tied in; next test set up comparably

Drafting with AI

Give it the score facts: version, raw total, education years, conditions, prior scores, and the functional picture.

"Draft MoCA documentation: Full v8.1 today, raw 24/30, 12 years education so adjusted 25/30, spouse reports refill errors, planning reversible workup and 12-month retest with form 8.2."

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

Out of 30	3 to 8 chart lines	About 10 minutes	Screen, not diagnosis
adapted forms /22 and /15	typical documentation	administration	26 cutoff over-identifies

Full guide and sample note: **bastiongpt.com/template/moca**

MoCA Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Practice/clinic: | Patient (initials): | Date administered:

Version: Full v8.1 / 8.2 / 8.3 / Basic / Blind-Telephone / 5-minute: | Language: | Mode:

Reason and clinical state
Screening / complaint / baseline / recovery tracking · delirium, acute illness, fatigue, or sleep loss noted

Score
Raw ___/[30 / 22 / 15] · education ___ completed years · correction: +1 applied / not applied (12 or fewer years, only below 30) · adjusted ___/30

Testing conditions
Hearing aids · corrective lenses · motor limits · interpreter · interruptions · deviations from standard administration

Domain observations (certified or exempt examiners only)
Relative patterns in own words · not localization or etiology · domain scores are less reliable than the total

Interpretation
Screening result vs the threshold appropriate to this population · not a stand-alone diagnosis · reversible contributors considered

Function and collateral
Basic and instrumental daily activities · medication and finance management · informant report

Plan and next administration
Workup / monitoring / referral · interval · alternate form if under about 3 months · same language and mode · escalation if function changes

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