Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Facility : _____

File # _____

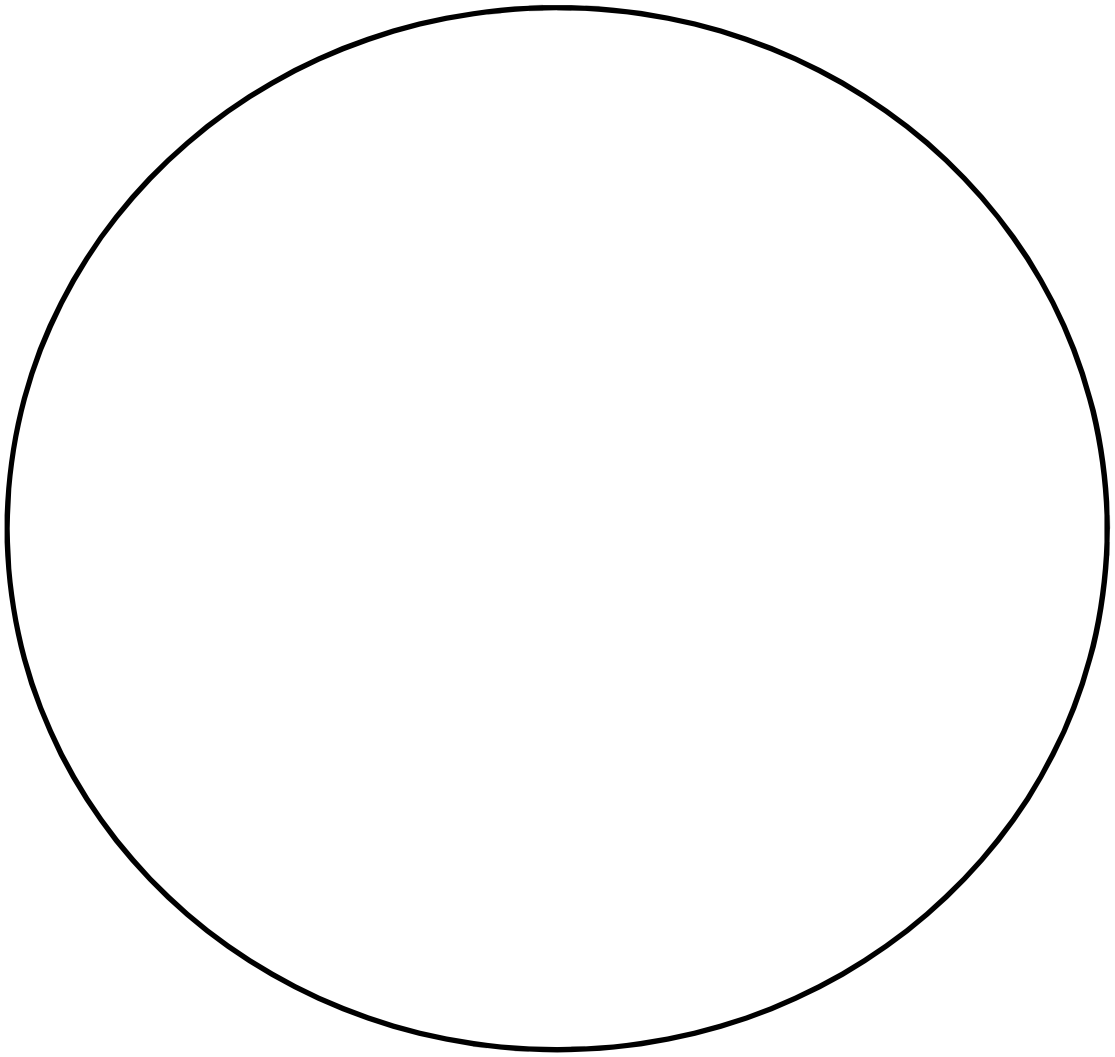
Name, First name _____

Date of birth _____ ☐ F ☐ M
YYYY-MM-DD

NAM _____ Exp. _____
AAAA-MM

Mother's name _____

WATSON'S CLOCK TEST



Signature and
profession : _____ Date : _____
YYYY-MM-DD

Source: Adapted from Shulman, K.I. (2000). Clock-drawing: is it the ideal cognitive screening test? International Journal of Geriatric Psychiatry, 15: 548-561