

I Love Them, But I'm Lost



Where to begin, what to do, and who to talk to when something isn't right

Chasity Robinson Mwangi, CDP

Founder, Mindful Connection, LLC

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Meet Your Guide



Chasity Robinson Mwangi, CDP

Founder, Mindful Connection, LLC
Creator of Dementia Decoded™

With more than 25 years of experience supporting older adults and families, Chasity helps families navigate the real-life challenges of dementia through education, care guidance, and senior living navigation.

She also partners with healthcare professionals and organizations through education, speaking, training, and consulting.



Table Talk: What Would You Do?



MEET THE JOHNSON FAMILY

Mama Johnson is 76. She still lives alone.

Lately she's asked the same question three times in one phone call.

Two of her bills went unpaid. Last Sunday she got turned around driving to church — a drive she's made for 30 years.

She says, "I'm fine. I'm just tired."

At your table, talk about:

1

Where would you begin?

2

Who would you talk to first?

3

What would you say to Mama Johnson?

5 minutes · No wrong answers

Today's Roadmap

1



Where to Begin

Notice the pattern. Know that not every change is dementia. Understand the path to a diagnosis.

2



Who to Talk To

Which doctor to see, how to find one, and what to look for.

3



What to Do

Tests to ask about, follow-up visits, medical records and paperwork, and keeping them moving.



1

Where to Begin

What am I seeing? Why might this be happening?

One Moment Doesn't Tell the Story

Patterns over time do. Look for these four things:



Frequency

How often is it happening?



Duration

How long has this been going on?



Progression

Is it getting worse, or staying the same?



Impact

Is it affecting safety, bills, driving, or daily life?

Write it down. Dates and examples help the doctor more than "she's been forgetful."

Not Every Change Is Dementia

Some changes have treatable causes. Sudden confusion needs prompt medical evaluation—do not assume it is dementia.



Possible infection or delirium (sudden confusion)



Medication side effects



Thyroid problems



Low vitamin B12



Depression



Hearing or vision loss

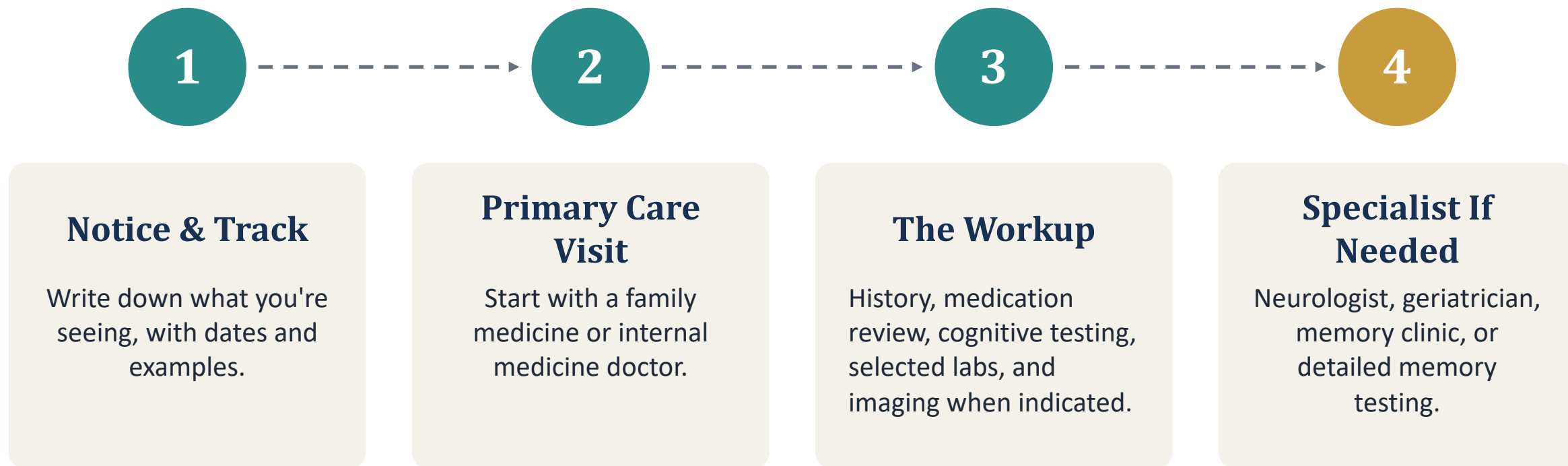


Poor sleep



Normal pressure hydrocephalus (NPH)

The Path to an Official Diagnosis



A brief memory screen is not a diagnosis. The clinician evaluates the whole picture and may refer for more testing.



2

Who to Talk To

Which doctor? How do I find the right one?

Which Doctor Should We See?



START HERE

A primary care doctor

- Family medicine or internal medicine
- A geriatrician, if one is available
- They coordinate referrals to specialists
- **Local options: Fox Run, Raymore (confirm availability); Misty Crouc, MSN, APRN, FNP-C — home/mobile visits**

No doctor? Here's how to find one:

1

Call the number on their insurance card

Ask for doctors near you who are taking new patients.

2

Use Medicare.gov's Care Compare

Search for doctors who accept Medicare in your ZIP code.

3

Ask people you trust

Church members, friends, and neighbors who've been there.

4

Call MARC Aging Services

816-421-4980 for local referrals at no cost.

What to Look for in a Doctor



Listens to you and to your loved one



Doesn't rush, and takes your notes seriously



Will do a memory screening



Will talk with family involved in care



Takes their insurance



Is easy to get to

You're allowed to look for a better fit.

ASK BETTER QUESTIONS

"Do you do memory screenings?"

"Can I share what I've been noticing?"

"Who do you refer to if we need a specialist?"



3

What to Do

Tests, follow-up, records, and keeping them moving

Tests and Screenings to Ask About



Lab Work

- Complete blood count (CBC)
- Metabolic panel, including blood sugar and calcium
- Thyroid (TSH)
- Vitamin B12
- Urine test, if an infection is possible



Screenings

- Memory screening
- Full medication review
- Depression screening
- Hearing and vision check



Imaging

CT or MRI when clinically indicated
May help identify stroke, structural changes, or NPH

Ask which tests fit the symptoms. Medicare Annual Wellness Visits include cognitive-impairment detection; a separate detailed assessment may be covered.

Practice: The First Doctor Visit

Mama Johnson has agreed to an appointment. How can we make those minutes count?

Before

Bring dates and examples: getting lost, unpaid bills, repeated questions. Include medication list and relevant medical history.

During

Respect Mama Johnson. Ask to share observations, request cognitive evaluation, and ask what else might explain the changes.

Before leaving

Confirm how results will be shared, whether referrals are needed, and the date of the next follow-up.

At your table: What are the 3 things you most want the doctor to know?

How Often Should We Go Back?



Routine checkups: at least yearly.

For new or worsening concerns, set a specific follow-up to review results and decide next steps. Don't wait a year for answers.

Before you leave every visit, ask:

1

"When should we come back?"

2

"What would make us come back sooner?"

3

"Who do we call if something changes?"

Sudden confusion, stroke-like symptoms, or abrupt changes need urgent evaluation.

Medical Records and Paperwork



Get Permission

Ask your loved one to authorize information sharing and record access. Each office may have its own forms; ask about proxy portal access.



Get Legal Authority

Discuss healthcare and financial powers of attorney early, while your loved one can participate.

Resource: Matthew Rhoads, Continuum Legal, LLC — Kansas & Missouri POA documents.



Gather Records

Gather past records, hospital summaries, and a current medication list. Authorized patients or representatives can request copies.

Not listed on a release? You can still share concerns with the doctor. What the office can share back depends on permission, circumstances, and applicable law.

What If They Say “I’m Fine”?

An invitation usually opens more doors than an argument.

Meet the emotion

“I hear you. I know going to the doctor may feel frustrating.”
Listen for fear, embarrassment, or bad past experiences.

Offer a small step

“Could we schedule a routine checkup and mention a few changes I’ve noticed?” Give choices when possible.

Keep safety in view

If driving, medication, or home safety is affected, seek timely advice. An immediate danger may require urgent help.

Protect the relationship before you correct the behavior.

Keep Them Moving

Invite, don't instruct. Movement goes better when it's something you do together.



Walk together

After church, around the block, or at the mall



Move to music

Their favorite songs: gospel, Motown, whatever they love



Chair exercises

Seated movement can be an option; ask about safe choices when balance is a concern



Everyday tasks

Gardening, folding laundry, setting the table



Stay connected

Church activities, senior centers, and time with friends

Check with the doctor before starting anything new, especially if falls or balance are a concern.

Who to Call



Their primary care doctor

Your first call. Say: "We're concerned about memory changes."



MARC Aging & Adult Services

Area Agency on Aging for the KC region. Local referrals at no cost.

816-421-4980



Alzheimer's Association Helpline

Open 24 hours a day, 7 days a week. Free.

800-272-3900



Mindful Connection

Help sorting out your next right step.

913-485-2337

You don't have to know every step. Only the next right one.

BEFORE YOU LEAVE: CHOOSE ONE NEXT STEP

1

Start the tracker

Record specific examples, dates, and impact on daily life.

2

Make the appointment

Call primary care and ask for a cognitive evaluation.

3

Start the paperwork

Ask about medical releases, records, and decision-making documents.

Questions?

Next session: November 29 · Diagnosed, Early Stages: Still Caregiving at Home



Connect with Chasity

Let's Stay Connected Beyond Today

Chasity Robinson Mwangi, CDP

Founder, Mindful Connection, LLC

Please scan the QR code to connect through my website and fill out a consultation request.

Scan to Visit My Website
& Request a Consultation



KEEP IN TOUCH

MindfulConnectionUs.com

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