Ensuring the accurate and timely diagnosis of dementia has featured as a government health priority for almost a decade. In 2012, amid the challenges of meeting the needs of an increasingly aging population, the UK government set the first national ambition to increase diagnostic rates for dementia. In 2012, only 42% of people living with dementia (in UK) had received a formal diagnosis, meaning that almost half of this population were not accessing appropriate social and health care at a time when it might be most clinically beneficial. Latest figures show diagnostic rates have risen to 68%, and the current government remains committed to further increasing the quality and consistency of dementia diagnosis, care and awareness. The Department of Health suggests that measuring cognitive function is one of the most important assessments clinicians make, particularly within geriatric medicine, as it is a key to determining a dementia diagnosis. However, general practitioners, as well as specialist clinicians involved in the screening and assessment of dementia, report having received no formal training on the administration of cognitive screening instruments, which are used as part of the diagnostic process. My research has shown that the interactional complexity within the delivery of such cognitive examinations means that standardization is rarely achieved in practice, rendering these tests somewhat invalid. Furthermore, anecdotal evidence from clinicians suggests that specialist practitioners will often form a ‘working diagnosis’ within the first five minutes of the opening of an assessment consultation. My research has identified the conversational evidence underpinning such clinical opinion, demonstrating the value of the history-taking conversation for determining differential diagnosis. This research, which I will be speaking about, shows that language plays a central role in the diagnosis of dementia.