

**FAX REFERRAL FORM**

<b>Patient:</b>	<b>DOB:</b>	<b>Phone:</b>
<b>Primary Language: English:</b> _____ <b>Spanish:</b> _____ <b>Other (specify):</b> _____		
<b>Preferred Contact: Name &amp; Relationship (if other than patient):</b>		<b>Phone:</b>
<b>Referring Provider Name:</b>	<b>Phone:</b>	<b>Fax:</b>

**Please check the service(s) in which you are referring your patient for in the box below.  
 Most services are available in English, Spanish, and Haitian Creole.**

<input type="checkbox"/>	<b>Comprehensive Memory and Wellness Evaluation</b> – <u>In-office</u> and <u>in-home</u> Geriatric, Memory-focused History and Physical, Functional, Psychosocial, and Family Needs Assessments, and Patient/Family Feedback Session. A Neuropsychological Evaluation component is offered as clinically appropriate.
<input type="checkbox"/>	<b>Comprehensive Driver Evaluation</b> – Comprehensive <u>in-office</u> assessment of cognitive areas/domains that are involved in an individual’s ability to drive safely and <u>on-road</u> test with a state-certified driving instructor.
<input type="checkbox"/>	<b>Psychiatric Evaluation and Treatment</b> – <u>In-office</u> and <u>in-home</u> caring approaches to diagnose psychiatric conditions, including Behavioral and Psychological Symptoms of Dementia, and individualized plan to address and manage these conditions with pharmacological and non-pharmacological interventions, in collaboration with caregivers.
<input type="checkbox"/>	<b>Psychotherapy / Counseling</b> – Available to individuals of all ages seeking to develop healthier, more effective habits and coping skills, including individuals newly diagnosed with mild cognitive impairment, early stage dementia, or other diagnoses that affect memory and/or wellness and their family caregivers.
<input type="checkbox"/>	<b>Sustaining the Caregiver Program</b> – Supportive & Educational services for family caregivers (General Support Groups along with specialized groups for Adult Children and Younger Onset Dementia, as well as Couples’ Group) *Schedule available on our website.
<input type="checkbox"/>	<b>Adult Day Center</b> – Full and half-day options for persons living with memory loss associated with Alzheimer’s Disease or Related Dementias and/or other causes. Also, specialized Parkinson’s and Hispanic Day Center Programs.
As an integral part of the evaluation, we request that laboratory and neuroimaging studies be performed in compliance with the NINCDS-ADRDA standards.	
<input type="checkbox"/>	<b>Labs</b> to be drawn by referring provider and forwarded to the Memory and Wellness Center (Including CBC, BMP, Thyroid Panel, B <sub>12</sub> , Folate, 25-hydroxy Vitamin D).
<b>All findings and recommendations are sent to the referring healthcare provider for continuity of care as authorized by the patient.</b>	
<b>Reason for Referral:</b> _____	

Please Attach: Patient's demographic information, latest visit notes, lab reports, neuroimaging, and neuropsychological reports. Fax this form and records to the MWC at (561) 297-0505.

<b>Provider Signature:</b>	<b>Date:</b>
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