



**LOUIS AND ANNE GREEN
MEMORY AND WELLNESS CENTER**
Christine E. Lynn College of Nursing
Florida Atlantic University

FAX REFERRAL FORM

Patient:	DOB:	Telephone:
Preferred Language: English: ___ Spanish: ___ Creole: ___ Other: _____		
Health Care Provider:	Preferred Contact: (if other than Patient)	

Please check the services that you are referring your patient to the FAU Memory and Wellness Center (MWC) for in the box below:

<input type="checkbox"/>	Comprehensive Memory and Wellness Evaluation – Includes a geriatric, memory-focused History and Physical, Functional, Psychosocial, and Family Needs Assessment, Neuropsychological Assessment, Interprofessional Case Conference, and Family/Patient Feedback Session
<input type="checkbox"/>	Comprehensive Driver Evaluation Program – Includes a comprehensive in-office assessment of several cognitive areas/domains that are involved in an individual’s ability to drive safely as well as an on-road test with a state-certified driving instructor
<input type="checkbox"/>	Day Center – Full and half day options for persons with mild and moderate dementia (We also offer a specific programs for individuals suffering from dementia and Parkinson’s disease as well as a Hispanic Day Program)
<input type="checkbox"/>	Sustaining the Caregiver Program – Complimentary supportive & educational services for caregivers (Individual & Group) *Schedule available on our website
<input type="checkbox"/>	Physical Therapy – In-office and in-home evaluation and treatment
<input type="checkbox"/>	Psychotherapy / Counseling – Available to individuals of all ages seeking to develop healthier, more effective habits and coping skills. Individuals newly diagnosed with early stage dementia, MCI, or other diagnoses that affect memory and/or wellness and their caregivers may certainly benefit from our therapeutic services
<input type="checkbox"/>	Comprehensive Geriatric Assessment at Home – Includes an evaluation of the individual with a memory concern and their caregiver, performed by a geriatric nurse practitioner and a geropsychologist in the patient’s home setting; supportive services are available and provided by a member of our social work-team
Please refer to the Center’s brochure, visit our website, or contact our office for more information	

All findings and recommendations are sent to the referring healthcare provider for continuity of care.

As an integral part of the evaluation, we request that laboratory and neuroimaging studies be performed in compliance with the NINCDS-ADRDA standards.

Laboratory: (Including CBC, BMP, thyroid Panel, B12, Folate, 25-hydroxy vitamin D):

Labs to be drawn by referring provider and forwarded to the MWC.

Additional comments: _____

PLEASE ATTACH PATIENT’S DEMOGRAPHICS, PROGRESS NOTES, NEUROIMAGING, AND NEUROPSYCHOLOGICAL REPORTS—SIGN AND FAX FORM TO THE MWC AT 561-297-0505

Provider Signature:	Date:	Phone #:
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