# AUCKLAND Dementia Prevention Research Clinic Referral Form

The Dementia Prevention Research Clinic (DPRC) is seeking to enrol individuals reporting early, mild difficulties with memory and / or other thinking abilities (such as planning, organising, problem-solving). Individuals may meet the criteria for Mild Cognitive Impairment.  These include mild difficulties with memory / cognitive functioning and  intact functional abilities, such as completing usual activities of daily living (e.g. driving, managing home and work-related tasks).

## Patient Details

First Name

Last Name

NHI

DOB       /       /

Gender Male  Female

Address       (Street)

      (Suburb)

      (City)       (Post Code)

Home Phone

Cell Phone

Email

## Eligibility Criteria

Aged over 55 (unless strong family history of dementia)

Reported / suspected memory and / or other cognitive difficulties

Fluent in English

Not living in a long-term care facility

*\*\*If you have ticked* ***ALL*** *of**these boxes, the person is eligible to attend the DPRC\*\**

## Exclusion Criteria

Dementia

MoCA score below 19

Moderate to severe traumatic brain injury

Significant psychiatric history (e.g. schizophrenia, bipolar affective disorder)

Significant alcohol / substance abuse / dependence

Intellectual disability

Known significant cerebral infarct

Pacemaker insertion

Significant neurological condition

(e.g. Parkinson’s disease, epilepsy, intracerebral tumor)

Significant medical co-morbidities

(likely to impact on survival over 2-year period, e.g. terminal cancer)

*\*\*If you have ticked* ***ANY*** *of these boxes, the person is unfortunately NOT eligible to attend the DPRC\*\**

## Investigations

Please forward current (within 3 months) lab blood results for:

B12 / Folate

TSH

FBC

Lipids

U&E

LFT

CRP

Ca/P04

HbA1c

If any of the following investigations have been completed, please forward a copy of results

MMSE  MoCA  MRI Brain  CT Brain

IQCODE  Any other cognitive screen

## Brief Symptom Description

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Medical History | Medications |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Referrer Details

Dr

Address       (Practice)

      (Street)

      (Suburb)

      (City)       (Post Code)

Phone

Email

## Permission

I,       (name of patient), give permission for this referral, and any supporting medical information about me to be shared with the Dementia Prevention Research Clinic team.

Signed       (patient)

Signed       (referrer)

Date       /       /

Please email or post the completed referral form to:

Dementia Prevention Research Clinic

Centre for Brain Research, University of Auckland

Private Bag 92019

Auckland 1142

Phone: (09) 923 7884

Email: brainresearch@auckland.ac.nz