



LOUIS AND ANNE GREEN
MEMORY AND WELLNESS CENTER

Christine E. Lynn College of Nursing
Florida Atlantic University

REFERRAL FORM

Patient:	DOB:	Phone:	
Primary Language: English: _____ Spanish: _____ Other (specify): _____			
Preferred Contact: Name & Relationship (if other than patient):		Phone:	
Referring Provider Name:	Phone:	Fax:	Email:

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.

<p>Comprehensive Memory and Wellness Evaluation –<u>Virtual and In-Person</u> Visits Available 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.</p> <p>Psychiatric Evaluation and Treatment –<u>Virtual and In-Person</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.</p> <p>Psychotherapy / Counseling - <u>Virtual and In-Person</u> Visits Available 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.</p> <p>Sustaining the Family/Caregiver Program – <u>Virtual</u> 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. *Virtual Support Groups Available.</p> <p>As an integral part of the evaluation, and in accordance with CDC guidelines, we request that laboratory and neuroimaging studies be performed in compliance with the NINCDS-ADRDA standards.</p> <p>Adult Day Care Program – Now available to individuals living with memory loss associated with Alzheimer’s Disease or Related Dementias.</p> <p>Labs to be drawn by referring provider and forwarded to the Memory and Wellness Center (Including CBC, BMP, Thyroid Panel, B₁₂, Folate, 25-hydroxy Vitamin D).</p> <p>Driver Evaluations - In-office and Behind the wheel/Road test assessment.</p> <p>All findings and recommendations are sent to the referring healthcare provider for continuity of care as authorized by the patient. Please Reason for Referral here:</p>

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. For any questions, please call: (561) 297-0502. We appreciate your referral and ongoing collaboration.

Provider Signature:	Date:
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