

COMPREHENSIVE MEMORY CENTER
Mulva Clinic for the Neurosciences at UT Health Austin
Fax: 1-512-232-3899

We serve adults – primarily over age 60 – with concerns about cognitive or emotional changes associated with neurodegenerative diseases. If the patient you are referring has another neuropsychiatric condition (e.g., depression, traumatic brain injury), please call to discuss.

PATIENT INFORMATION

Name: _____ DOB: _____
 Address: _____ Phone: _____
 Family/Caregiver Name / Phone: _____

REFERRING HEALTH PROFESSIONAL

Name of Referring Clinician: _____ Phone: _____
 Address: _____ Fax: _____

REFERRAL INFORMATION

Please include the following information with this referral form. **Incomplete information will delay processing.**

- Referring Diagnosis: _____
- Copy of last clinic note and recent lab results (within the last year)
- Recent neuroimaging (MRI Brain, CT Head, PET Scan)? Location _____
- Prior or current neurologist? Name _____
- Prior or current psychiatrist? Name _____
- Prior neuropsychological evaluation? Name / Date _____

Clinical Characteristics (Check all that apply)

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|--------------------------|---|
| <input type="checkbox"/> | Cognitive symptoms (e.g., memory, language, problem solving) |
| <input type="checkbox"/> | Psychiatric symptoms (e.g., depression, anxiety, agitation) |
| <input type="checkbox"/> | Difficulties with complex daily activities (e.g., medications, driving, finances) |
| <input type="checkbox"/> | Difficulties with self-care (e.g., dressing, bathing, toileting) |
| <input type="checkbox"/> | Caregiver stress/burden |
| <input type="checkbox"/> | Other, please specify |

Referral Reason (We are currently only accepting referrals for cognitive communication therapy and counseling)

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| <input type="checkbox"/> | Cognitive Communication Therapy (with Speech Language Pathologist) |
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