



COMPREHENSIVE MEMORY CENTER
Mulva Clinic for the Neurosciences at UT Health Austin
Fax: 512-495-5680

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 1-833-882-2737.

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.**

- 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)

<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

Reason for Referral (Check all that apply)

<input type="checkbox"/>	Initial full diagnostic work up with treatment recommendations
<input type="checkbox"/>	Second opinion about prior diagnosis
<input type="checkbox"/>	Neuropsychological Evaluation
<input type="checkbox"/>	Cognitive Communication Therapy (with Speech Language Pathologist)
<input type="checkbox"/>	Psychotherapy for family of patient with neurocognitive disorder
<input type="checkbox"/>	Other, please specify: