



Djavad Mowafaghian
CENTRE FOR BRAIN HEALTH



Clinic for Alzheimer Disease
and Related Disorders
UBC Hospital



UBC Hospital Clinic for Alzheimer Disease and Related Disorders
Second Floor, Djavad Mowafaghian Centre for Brain Health
2211 Wesbrook Mall, Vancouver, BC, V6T 1Z3
p. 604-822-7031 f. 604-822-7191

Patient Referral Form (Page 1 of 2)

Date of referral:

REASON FOR REFERRAL (*a detailed referral letter is required.*):

Patient Surname: _____ Male/Female _____

First name: _____ Middle name: _____

PHN: _____ Date of birth: _____

Patient's address: _____

City: _____ Postal code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Does patient need an interpreter? Yes / No If yes, for which language: _____



Next of kin / contact person:

Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Contact telephone: Home: _____ Work: _____ Cell: _____

Referring Physician: _____ MSP Number: _____

Address: _____

City: _____ Postal code: _____

Contact telephone: Office: _____ Fax: _____ Private line: _____

Family Physician: _____ MSP Number: _____

Address: _____

City: _____ Postal code: _____

Contact telephone: Office: _____ Fax: _____ Private line: _____

Other medical specialist seen: _____



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Patient Referral Form (Page 2 of 2)

We cannot triage or book your patient until we have received the following forms and information (please indicate if not available):

- Patient Referral Form (Page 1)

- Detailed referral letter outlining reason for referral

- Montreal Cognitive Assessment (MOCA) results (copies available at <http://www.mocatest.org/>)

- Blood work results Not Available

- Imaging reports – CT Head , Brain MRI, and/or SPECT Head scan Not Available

- Previous Neurological, Geriatric or Psychiatric Assessments Not Available

- Community Support Reports (Nursing home, Long-Term Care, Mental health Team) Not Available

Please print and complete Pages 1 and 2 of this Patient Referral Form and fax these pages with additional requested information to:

The UBC Hospital Clinic for Alzheimer Disease and Related Disorders
F: 604-822-7191

Upon receipt of this referral and all requested information, the patient or their designated contact person will be contacted directly to book the appointment.

Thank you for your kind referral. Should you have any questions please contact the Clinic administrative office at 604-822-7031.