Deanna and Sidney Wolk Center for Memory Health at Hebrew SeniorLife



HARVARD MEDICAL SCHOOL

Referral form

Wolk Center for Memory Health 1200 Centre St. Boston, MA 02131 Tel: 617-363-8600 Fax: 617-752-0898 WolkCenter@hsl.harvard.edu

Date of referral: _____

Patient information:

Name:	Referring provider:
DOB:	Nama
Address:	Name:
Phone:	Address.
Email:	
Contact:	
Contact Address:	
Contact Phone:	
Contact Email:	

Reason for referral:

Cognitive Neurology: Evaluation and Management

- □ Recommendations/2nd opinion
- \square Recommendations and ordering tests
- \Box Recommendations, ordering tests, and prescriptions

Psychiatry: Evaluation and Management

- □ Recommendations/2nd opinion
- □ Recommendations and ordering tests
- □ Recommendations, ordering tests, and prescriptions

Other

- □ Referrals to Long Term Supportive Services (LTSS)
- □ Lifestyle modifications and Coaching
- □ Emotional Support/Behavior Intervention for patients
- □ Family/Caregiver Support
- \Box TMS transcranial magnetic stimulation for geriatric depression
- Other: _____

Please fax pertinent medical records, including diagnostic reports (MRI, PET etc.) to 617-752-0898

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Please order the blood tests below before the visit with us for best patient experience

CBC (complete blood count) and differential Sodium Potasium Chloride Magnesium Calcium Bicarbonate Fasting Glucose **Glycosylated Hemoglobin** BUN Creatinine GOT GPT Bilirubin Albumin **Total Protein** Ammonia PT, PTT and INR Thyroid stimulating hormone (TSH) Vitamin B12 Vitamin D (25-OH) Folate Methylmalonic Acid Sedimentation Rate C-reactive protein