Rhode Island Hospital
Lifespan. Delivering health with care.®

Alzheimer's Disease and Memory Disorders Center

Ambulatory Patient Center
593 Eddy Street, 7th floor
Providence, RI 02903
Phone: 401-444-6440
Fax: 401-444-6858
Lifespan.org/memory

FOR REFERRING PHYSICAN USE ONLY. *Referral forms may not be submitted by patient.*

REFERRAL FORM

PATIENT _____ DOB _____ /_____ / _____

MAILING ADDRESS _____

_____

PHONE Home _____ Cell _____Work _____

E-MAIL ADDRESS _____

CONTACT PERSON (if different from patient) _____

CONTACT PHONE _____ RELATIONSHIP TO PATIENT _____

Date of Referral: _____ /_____ / _____

Referring Provider: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

The following items must be included with the referral form in order for it to be considered complete:

- Office notes from past 6 months
- MMSE, MOCA, SLUMS, or STMS results within past year
- B12 level, and TSH
- Brain Imaging Report (MRI or CT) within the past year

Fax with all requested records and lab/test results to: **(401) 444-6858**