Vancouver Coastal Health
Promoting wellness. Ensuring care.

Clinic for Alzheimer Disease and Related Disorders
UBC Hospital

Fax New Referral

To: CLINIC FOR ALZHEIMER DISEASE & RELATED DISORDERS

FROM:

Fax: Pages:

Phone: Date:

Re: New Referral Package CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To refer a patient to clinic the following is required:

Patient Name: DOB:

We <u>cannot</u> triage or book this patient until we have received the following forms and information (please indicate if not available):

☐ Patient Registration Information Form – see attached 1 page

☐ Reason for referral (Detailed referral letter)

☐ Standardised Mini-Mental State Examination ("MMSE") see attached – 2 pages

☐ Blood work results Not Available ☐

☐ Imaging reports – CT Head , Brain MRI, and 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 ☐

The patient or their designated contact person will be contacted directly to book the appointment. Should you have any questions please contact the clinic at 604 822 7031.

<u>Please fax this information to 604 822 7191</u>

Regards

Clinic for Alzheimer Disease and Related Disorders
Second Floor, 2215 Wesbrook Mall, Vancouver, BC * P (604) 822 7031 * F (604) 822 7191

Clinic for Alzheimer Disease and Related Disorders

Patient Registration Information

Please fax back to 604-822-7191 along with the completed referral package
Or mail to UBC Hospital 2215 Wesbrook Mall – 2nd flr Centre for Brain Health,
Vancouver BC, V6T 1Z3

Date of referral:

REASON FOR REFERRAL: ***(A detailed referral letter is appreciated.)***

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:

VA-9
Rev 11-07

Vancouver Coastal Health

FOLSTEIN

MINI MENTAL STATUS EXAM

DATE NURSING UNIT

MR. MISS, MRS UNIT NUMBER

SURNAME GIVEN NAME

DOCTOR (PLEASE USE BLOCK CAPITALS)

SEX AGE

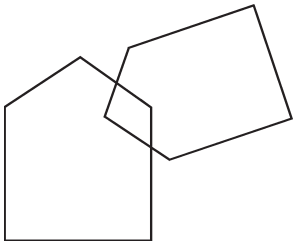
Date:_____ Administered by: _____

Score		
	ORIENTATION	
( )	What is the (year) (season) (month) (date) (day)?	(5 pts)
( )	Where are we? (country) (province) (city) (place) (floor)	(5 pts)
	REGISTRATION	
( )	Name 3 objects: One second to say each *Then ask the patient to repeat all three after you have said them. One point for each correct. Then repeat them until he/she learns them.* *Count trials and record*_____	(3 pts)
	ATTENTION AND CALCULATION	
( )	Serial 7's: One point for each correct answer. Stop at 5 answers. Or spell "world" backwards (#correct=letters before 1st mistake)	(5 pts)
	RECALL	
( )	Ask for the objects above. One point for each correct.	(3 pts)
(21)		

LANGUAGE TESTS

( )	Name: Pencil, watch	(2 pts)
( )	Repeat: no ifs, ands, or buts.	(1 pt)
	Follow a three stage command: "Take the paper in your right hand, fold it in half, and put it on the floor."	(3 pts)
	Read and obey the following (see reverse)	
( )	Close your eyes.	(1 pt)
( )	Write a sentence spontaneously below.	(1 pt)
( )	Copy design below.	(1 pt)

(9)



_____ (30 Total points)

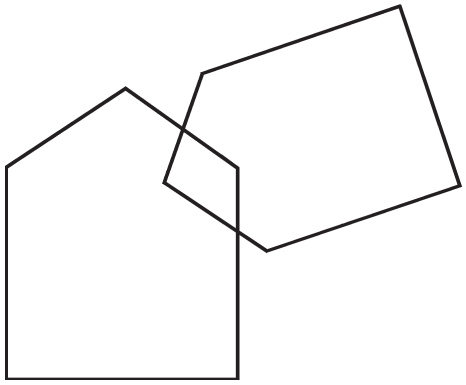
June 25, 2001

CLOSE YOUR EYES.

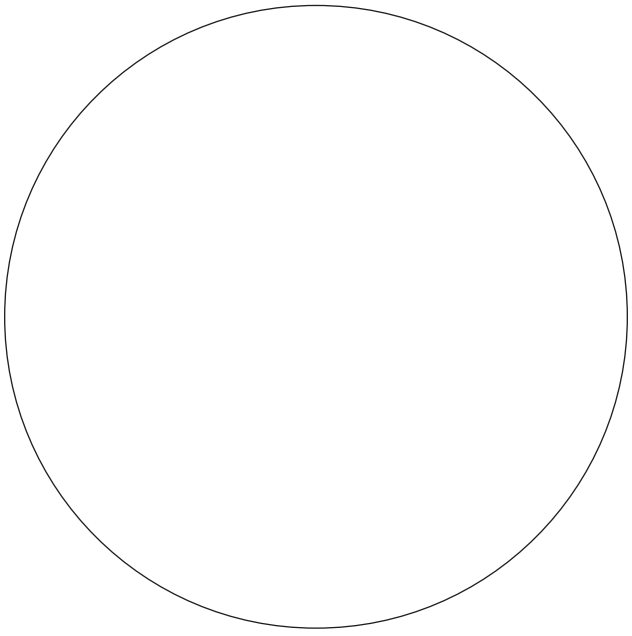
WRITE A SENTENCE BELOW.

X _____

Copy this Design.



Draw a clock:

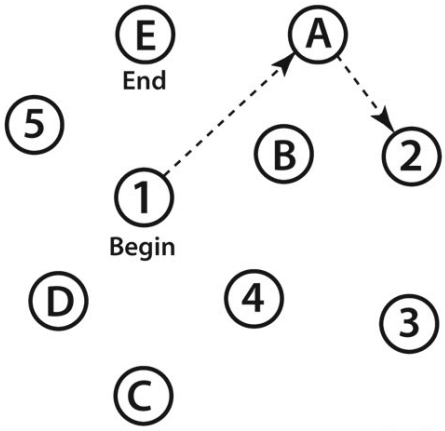


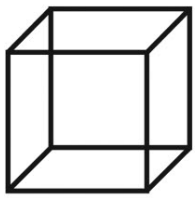
MONTREAL COGNITIVE ASSESSMENT (MOCA)

Version 7.1 Original Version

NAME :
Education : Date of birth :
Sex : DATE :

VISUOSPATIAL / EXECUTIVE





Copy cube

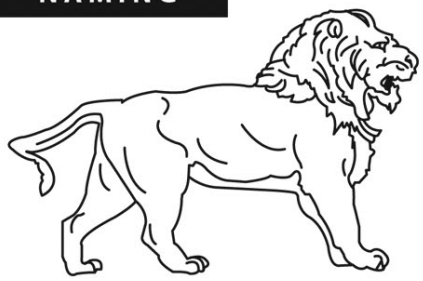
[ ] [ ]

Draw CLOCK (Ten past eleven)
(3 points)

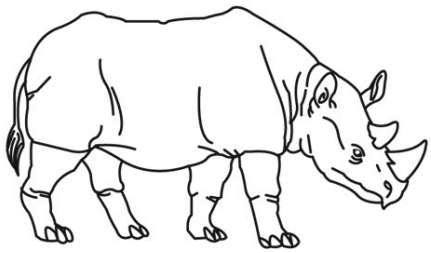
[ ] Contour [ ] Numbers [ ] Hands

POINTS ___/5

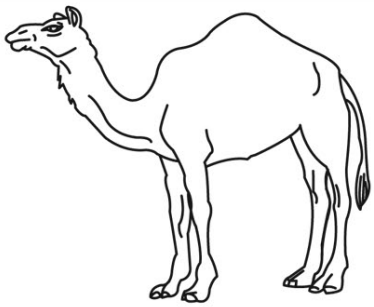
NAMING



[ ]



[ ]



[ ]

___/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

___/3

LANGUAGE

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)

___/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

___/2

DELAYED RECALL

	Has to recall words **WITH NO CUE**	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						

___/5

ORIENTATION

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

___/6

www.mocatest.org

Normal ≥ 26 / 30

TOTAL ___/30

Add 1 point if ≤ 12 yr edu

Administered by: _____

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