## **Trials Screening Referral Form**

adnet-screening@unimelb.edu.au

## **Information & Referrals**

Email:

Phoi	ne:	03 9389 2938		
Fax:		03 9387 5061		
Referring Specialist				
Name:				
Phone:				
Email:				
Probable MCI or mild AD     Aged ≥ 50 years     Reliable study partner/informant available     Formal education of ≥7 years  Prior Investigations  Please tick if previously completed:      MRI in last 6 months      FDG PET in last 12 months		Amy	Fluent in English MMSE score ≥ 20 Able to tolerate neuropsychological assessment No serious unstable comorbid conditions  yloid PET Feedback loid PET result to be disclosed by:  ADNET trials screening staff Referring clinician	
□ Consultant letter attached  Further Investigations  Arrange an expedited brain SPECT & FDG PET if amyloid or tau imaging are negative?  □ Yes				
Patient Details  Please provide patient details or affix label  UR: Date of birth:				
Name: Phone:				
Preferred contact (if different):				