



Brisbane Trials Screening Referral Form Information & Referrals adnet.qld@uq.edu.au Email: Phone: 07 3365 5147 Fax: 07 3365 5488 **Referring Specialist** Name: Phone: Email: **Eliqibility Guide** Probable MCI or mild AD Fluent in English Aged ≥ 50 years MMSE score ≥ 20 Reliable study Able to tolerate neuropsychological partner/informant available assessment Formal education of ≥7 years No serious unstable comorbid conditions **Amyloid PET Feedback Prior Investigations** Please tick if previously completed: Amyloid PET result to be disclosed by: ☐ MRI in last 6 months ☐ ADNET trials screening staff ☐ FDG PET in last 12 months ☐ Referring clinician ☐ Consultant letterattached **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:

Contact Details:

Preferred contact (if different): Name:

Address: