Cognitive Assessment and Diagnostic (CAD) Pathway Referral Form

NEX CEREBRUM

NexCerebrum Brain Health & Memory Wellness – AHS-Integrated CAD Partner Clinic

Phone: 587-486-2269 | **Fax:** 587-479-0948 | **Web:** www.nexcerebrum.com | **Mail:** info@nexcerebrum.com

Referral for individuals **aged 40+** with early memory, cognitive or functional concerns. Includes evaluation at all stages of suspected dementia.

Patient & Provider Information:

Patient Name : _____ DOB : _____ PHN : _____

Phone : _____ Email : _____ Referring Provider : _____

Phone : _____ Fax : _____

Cognitive Concerns (check all that apply)

- ☐ Memory loss or forgetfulness
- ☐ Word-finding difficulty or language changes
- ☐ Judgment or problem-solving issues
- ☐ Getting lost / Disorientation
- ☐ Behavioral / personality changes
- ☐ Functional decline (finances, cooking, etc.)
- ☐ Subjective cognitive complaints
- ☐ Previously diagnosed dementia – stage: _____
- ☐ Capacity / PD / EPOA concerns
- ☐ Other: _____

Relevant Clinical History

- ☐ TBI / Concussion
- ☐ Chemo Brain / Post-cancer cognitive issues
- ☐ Long-COVID brain fog / fatigue
- ☐ Stroke / TIA
- ☐ Parkinson's / MS / Neurologic condition
- ☐ Mental health history (e.g. depression, anxiety, PTSD)
- ☐ Sleep disorder (apnea, insomnia)
- ☐ Substance use impacting cognition
- ☐ Burnout / stress-related decline
- ☐ Others: _____

- Medications trialed (e.g. Donepezil, Memantine):

_____

Recent Tests (within 3 months)

☐ CBC ☐ Electrolytes ☐ Renal/Liver Function ☐ TSH ☐ B12 ☐ HbA1c ☐ Lipids

☐ ECG attached ☐ Brain Imaging (CT/MRI) attached ☐ Other: _____

Clinical Question / Reason for Referral

_____

Fax completed form and relevant documents to AHS Cognitive Assessment Intake.

Calgary Zone: 403-476-8771 | Edmonton Zone: 780-248-1807