

**Département de réadaptation et gériatrie
Service de gériatrie
Centre de la Mémoire**

6, Rue Gabrielle-Perret-Gentil, 1205 Genève

Directeur du Centre : Pr. G.B. Frisoni

Chef de Service : Pr. G. Gold

Tél : 022 372 58 00 – Fax : 022 372 58 15

E-mail : consultation-memoire@hcuge.ch

REQUEST FOR EVALUATION

*Required Fiels

*Patient contact information	
Last Name :	First Name :
Date of birth :	Phone N° :
Address :	
Email :	
Current living arrangements : <input type="radio"/> Home <input type="radio"/> EMS/other institution <input type="radio"/> Other :	
Insurance coverage : <input type="radio"/> Swiss <input type="radio"/> Foreign or no insurance coverage	

*Urgent Request	
<input type="radio"/> No	<input type="radio"/> Yes, clarification :

*CONTACT DETAILS OF THE PERSON REQUESTING THE EVALUATION	
<input type="radio"/> Doctor	<input type="radio"/> Family Physician <input type="radio"/> Other doctor
	Last name, First name :
	Phone N° :
<input type="radio"/> Family Member	Last name, First name :
	Family Link (<i>husband, son, etc.</i>) :
	Phone N° :
	Email :
<input type="radio"/> Patient himself	

*CONTACT PERSON FOR APPOINTMENTS	
<input type="radio"/> Patient himself	
<input type="radio"/> Family Member	Last name, First name :
	Family Link (<i>husband, son, etc.</i>):
	Phone N° :
	Email :

*AVAILABLE COGNITIVE TESTS	
<input type="radio"/> Never	<input type="radio"/> Yes, at the Centre de la Mémoire, specify date :
	<input type="radio"/> Yes, elsewhere, specify date and place:

*AVAILABLE EXAMS : Please attach to this request	
<input type="radio"/> Blood tests (<i>including B12, folates, calcium and TSH</i>)	
<input type="radio"/> Neuroimaging (<i>if there is no neuroimaging, please do not prescribe, as we prefer to have it with using a standardized procedure</i>)	
<input type="radio"/> Cognitive tests/previous neuropsychological tests (<i>including reports and test results</i>)	

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CRITERIA DEFINING A PERSON AT HIGH RISK FROM THE NEW CORONAVIRUS

In order to respond more quickly to your request and facilitate the patient' medical care at the Center, please check the boxes for the presence of risk factors.

- The patient**
- tested positive for Covid-19
 - is over 65 years of age
 - affected by certain diseases: high blood pressure diabetes
 - cardiovascular disease chronic respiratory disease
 - immune weakness due to disease or treatment or cancer

PATIENT'S PROF

- No memory/cognitive disorders, but the patient wants to perform a check-up
- Memory/Cognitive disorders, worrying : Patient
 Family
 Family Physician
- Cerebrovascular disease (*TCC, AVC, ...*)
- Suspicion of mental retardation or low intellectual efficiency
- Anxiety or depressive disorder
- Obvious or known psychiatric disorders, specify (*schizophrenia, psychosis, mood disorder or bipolar, adaptation, of the personality, substance abuse or addiction, ...*) :
- Other known diseases or other profile, specify :

REASON FOR REQUEST

- First cognitive evaluation
- Second advice
- Cognitive follow-up evaluation
- Psychological aid for Patient Family
- Diagnosis and treatment :**
 - Driving aptitude (*attach any relevant documents or correspondence*).
 - Intellectual efficiency without with IQ estimation
 - Competence assessment, specify a concrete situation (*please note that we do not carry out legal expertise and that we are bound by professional secrecy*) :
- Participation in a clinical trial (*with experimental medicines*)
- Other cause, specify :

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OTHER USEFUL INFORMATIONS

- French fluency :** Sufficient for a clinical dialogue
 Insufficient, translator required. Specify the language :
- Educational level :** Primary school only
 Less than 5 years of schooling Illiteracy

PROCEDURE AFTER RECEIPT OF THE REQUEST

- The contact person for appointments will be contacted by the secretariat to arrange the appointment. After three consecutive failed contacts, a letter will be sent to the person requesting the evaluation and the file closed. If appropriate, the latter will need to contact us again to re-open the file.
- No shows will be invoiced.
- After two no shows, a communication will be sent to the person requesting the evaluation and the file will be closed.

Please forward your evaluation request:

By fax to 022 372 58 15 or ***by post at*** Hôpitaux Universitaires de Genève, Centre de la Mémoire, 6 rue Gabrielle-Perret-Gentil, 1211 Genève 14