



675 Jack Stephens Drive
Little Rock, AR 72205

Donald W. Reynolds
Institute on Aging

Phone: 501-686-6219
Fax: 501-603-1322

Dr. Gohar Azhar, MD
Dr. Priya Priyambada, MD
Dr. Denise Compton, Ph.D.

Walker Memory Center Referral Form

**Please fill this form out completely and fax this along with a face sheet, current medication list and the most current*

Clinic note.

Referring Provider: _____ Clinic/Hospital: _____

Phone #: _____ Fax#: _____

Patient Name: _____ Patient DOB: _____

Contact name and number for scheduling: _____

Service Requested (circle one): **Memory Evaluation with MD or Neuropsychological Testing (Dr.**

Compton) A Physician's ORDER is required for the NPT with Dr. Compton. Please send with referral.

Referring Diagnosis: _____

Is the patient currently taking any of the following medications? *Check all that apply:*

- Antipsychotics
- Benzodiazepines
- Opioids
- Skeletal Muscle Relaxants
- Tricyclic Antidepressants
- Hypnotics
- First-generation antihistamines

Are you seeking **Consultation** or **Management of Care**? Circle one.

Do not complete. This section is for the use of UAMS Walker Memory Center Staff.

Date referral Rec'd: _____

AR PMP results: _____

Scheduled: **Yes** or **No** If "No," why? _____