ALZHEIMER'S DRUG THERAPY INITIATIVE

RESEARCH PROGRAM

Sample Forms for the University of Victoria's Centre on Aging

Seniors' Medication Study

Referral Fax

PATIENT & CAREGIVER REFERRAL

From:

Physician Name *(office stamp or fill in)*:

Physician Billing Number (MSP): ____________________

Physician providing follow-up care (if different): ____________________

Re: The patient and caregiver have indicated an interest in receiving more information about the study, and to agree to have their contact information forwarded to the Study Team.

Patient Name: ....

Patient Address: ....

Patient Phone: ....

Care Card Number: ....

Caregiver Name: ....

Caregiver Phone: ....

Questions:	Myriam Gerber, Project Administrator SMS Chelsie Kadgien, Interview Supervisor CS	1-866-511-2594
Concerns about ethics:	Call the UVic Office of Research Services at	250-472-4545

Please Fax To: 1-250-853-3799

University of Victoria

UVic | UBC **Seniors' Medication Study** (SMS)
Sedgewick Bldg A | Rm 104
P.O. Box 1700 | Victoria | B.C. | CANADA | V8W 2Y2

T: 250-721-6574
F: 250-853-3799
E: smstudy@uvic.ca

Seniors' Medication Study

Allocation Fax

Physician Name *(office stamp or fill in)*:

Physician MSP Number ____

Patient Name: ____

Care Card Number: ____________________________________

Date of Appointment: __________________________________

Current Cholinesterase Inhibitor: _________________________

Indeterminate Responder - What decision for treatment did you make?

SWITCH

Switched because of…

- □ Side effects
- □ Caregiver/Patient preference
- □ Medication has not helped
- □ Concerned about discontinuation of treatment
- □ Other

____

Switched to….

- □ galantamine (Reminyl®)
- □ rivastigmine (Exelon® – oral)
- □ donepezil (Aricept®)
- □ rivastigmine (Exelon® – patch)

CONTINUE

Continue because of…

- □ Medication has helped
- □ Satisfied with clinical progress
- □ Caregiver/Patient preference
- □ Concerned about discontinuation of treatment
- □ Dosage change
- □ Other

____

STOP

Stopped because of…

- □ Side effects
- □ Caregiver/Patient preference
- □ Medication is not helping
- □ SMMSE less than 10
- □ Other

____

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Please fax this form to SMS Study Office at: 1-250-853-3799

Attn: Myriam Gerber

For study office use only: AF □ 6 months □ 12 months

Seniors' Medication Study

Clock-Drawing Test

Physician Name *(office stamp or fill in)*:

Patient Name:______________________

Care Card Number:__________________

Date of Appointment:________________

Please fax this form to SMS study office at 1-250-853-3799

Attn: Myriam Gerber

Seniors' Medication Study

Clock-Drawing Test

How to do the Clock-Drawing Test:

Step 1: Ask the patient to draw a circle below and to insert numbers appropriately to make the circle look like a clock.

Step 2: Ask the patient to show you what the clock would look like if the time were ten minutes after 11 o'clock.

Step 3: Please fax both pages to the Study Office – Study Team will score performance – do not score.

Back

Seniors' Medication Study

Medication Stop Fax*

(*When a patient is taken off the ChEI, please fax this form to the SMS study office at 1-250-853-3799)

Physician Name *(office stamp or fill in)*:

Patient Name: ____________________

Care Card Number:____________________

Date of Appointment:____________________

Physician MSP Number:____________________

Physicians: Complete and fax this form to the Study Office **along with the Clock-Drawing Test.**

Current ChEI:

☐ galantamine (Reminyl®) ☐ donepezil (Aricept®)
☐ rivastigmine (Exelon® – oral) ☐ rivastigmine (Exelon®– patch)

→ For approximately ☐ 12 months ☐ 18 months

Reason(s) for termination:

→ ☐ Side effects ☐ Caregiver/Patient preference
☐ Medication is not helping ☐ SMMSE less than 10
☐ Other ____________________

Additional Notes:

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Please fax this form to SMS Study Office at: 1-250-853-3799

Attn: Myriam Gerber