Keck School of Medicine of USC

ALZHEIMER'S DISEASE RESEARCH CENTER AND
CALIFORNIA ALZHEIMER'S DISEASE CENTER

GWEP REFERRAL
Research Interest Form

Physician/GWEP Staff,

Please have your patient complete this form so that we can follow-up with him or her.

Thank you.

Dear Potential Research Participant or family member,

Please complete the form below. Make sure to give us the best contact information so that we can reach you.

Thank you and look forward to speaking with you.

Sincerely, Alzheimer Disease Research Center Staff

Name of potential research participant:_____

Name of a contact person, if appropriate, such as a family member or close friend (who is not the potential research participant):_____

Phone number:_____

Email:_____

Best time and way to reach you: _____

Name of Referring Physician: _____

Additional Comments:_____

_____

ADRC PHONE: (323) 442-7600 ADRC FAX: (323) 442-7601

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