



MGB Alzheimer Therapeutic Program Referral Intake Form

Thank you for your interest in Mass General Brigham's Alzheimer Therapeutics Program (ATP). The primary purpose of the ATP is to bring new disease-modifying treatments for Alzheimer disease, lecanemab and donanemab, to appropriate patients with early-stage Alzheimer disease.

Important Notes to Referrers:

- The ATP provides care related to anti-amyloid therapies (e.g., eligibility assessment, treatment, side effect management, etc) but *not* comprehensive longitudinal dementia (e.g., pharmacologic management of symptoms, social work referrals, etc). Patients in the ATP are required to have a separate longitudinal care provider for their comprehensive dementia care. If your patient needs longitudinal dementia care by a neurologist, a separate referral can be made to MGB Neurology. If pursued, longitudinal neurology care must be established before proceeding with a referral to the ATP.
- All ATP-related care (e.g., drug infusions, MRI monitoring, office visits, longitudinal biomarker testing, etc) will be performed within the MGB system, as this helps us to safely track the patient's progress.

Patient and Care Partner Contact Information:

Patient Name:

Patient DOB:

Patient Phone:

Care Partner Name:

Care Partner Phone:

Who is the preferred contact person?

Patient

Caregiver

Referring Clinician Contact Information:

Clinician Name:

Clinic Address:

Clinic Phone:

Clinic Fax:

Clinical Information (to be completed by referring clinician):

To process the referral, ATP requires referring providers share clinical information about the patient.

The referring provider must attest that the following are true:

	Yes	No
The referring provider agrees to provide longitudinal dementia care (i.e., care outside the use of anti-amyloid treatments).	<input type="checkbox"/>	<input type="checkbox"/>
The patient has objective evidence of cognitive impairment on your assessment.	<input type="checkbox"/>	<input type="checkbox"/>
Based on the referring provider's clinical judgement, the early stage of Alzheimer disease is the most likely process driving the patient's symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
The patient has been informed that Alzheimer disease is their most likely diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
The patient is cognitively able to manage all basic activities of daily living (e.g., bathing, toileting, eating) independently.	<input type="checkbox"/>	<input type="checkbox"/>
The patient is not chronically taking full-strength anticoagulation (e.g., warfarin, apixaban, rivaroxaban, etc).	<input type="checkbox"/>	<input type="checkbox"/>
The patient does not have a permanent pacemaker.	<input type="checkbox"/>	<input type="checkbox"/>
The patient is able to undergo and tolerate brain MRI scans.	<input type="checkbox"/>	<input type="checkbox"/>
The patient does not have any unstable medical (e.g., active malignancy) or psychiatric conditions.	<input type="checkbox"/>	<input type="checkbox"/>

The following information is optional but can expedite the evaluation, if completed. Please consider obtaining this data at the time of the referral.

	Yes	No
Blood tests within the past 6-12 months. Complete blood count (CBC), comprehensive metabolic panel (CMP), INR, PTT, TSH, B12.	<input type="checkbox"/>	<input type="checkbox"/>

MRI brain within the past 12 months: must have FLAIR, GRE, and SWI sequences, and 3T magnet strength	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer disease biomarker testing via CSF and/or an amyloid PET scan.	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional clinical details, if appropriate:

Medical Records:

- Please send copies of all recent office notes, including an updated medication list and past/active medical diagnoses.
- If completed (not required), please send the results of cognitive screening tests (e.g., MMSE, MOCA, SLUMS), blood tests, MRI reports, amyloid PET, CSF Alzheimer disease biomarker testing, and APOE gene testing results.

Patient Registration:

- The patient needs to call (866) 489-4056 to register as a patient within the MGB system.
- The patient should have the following information ready when calling to register:
 - Name, Address, Date of Birth, Social Security Number
 - Insurance Information
 - Emergency Contact Information

Referral Completion:

- Please fax (or e-fax) the completed ATP referral form and relevant medical records to “Alzheimer Therapeutics Program c/o New Patient Referral”
 - BWH fax number: 617-525-0650
- If completed (optional), please send brain MRI with images (i.e., not just the radiologist report). There are two ways to do this:
 - Upload images via Powershare.
 - Mail a copy on a disc to the following address:



- BWH Alzheimer Therapeutic Program c/o New Patient Referrals, 60 Fenwood Rd, Boston, MA, 02114

Please allow time for referral processing. We will reach out to you if additional information is needed. For questions or concerns, please call (617) 525-8780 or email bwhatpreferrals@mgb.org.

ATP Contact Information (if questions):

- Phone at 617-525-8780
- Fax: 617-525-0650
- Email: bwhatpreferrals@mgb.org

We look forward to working with you!

MGB Alzheimer Therapeutics Program