



Memory Screening Consent Form

Participant Name: _____

Consent for Memory Screening:

I understand that the results of all screening tests and information from the assessment administered as part of the National Memory Screening Program are preliminary and educational in nature, are for informational purposes, and are intended to provide me with information to facilitate a meaningful discussion with my physician or another qualified healthcare professional. The results and information are not intended to provide a diagnosis or recommendation for treatment/rehabilitation of any disease or health condition. The results of all tests and information from this program do not and should not take the place of talking with a physician or specialist. Only a physician or specialist can diagnose or recommend a treatment/rehabilitation program for any disease or health condition.

I hereby authorize _____ to administer memory screening tests
(name of screener)

to me as part of the National Memory Screening Program.

Signature: _____ **Date:** _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL