

UW Medicine

HARBORVIEW
MEDICAL CENTER

Welcome to the UW Medicine Memory & Brain Wellness Center

Attached are four questionnaires that we ask you to fill out. **Two questionnaires are for the patient, and two for the care partner.** Three of the forms (all except the “AUDIT” form) have a front and back; please fill out both sides.

PATIENT FORMS: Two of the attached forms are for our patients to complete. They are the “*PHQ-9, GAD-7 & Patient Concerns*”, and the “*AUDIT*” forms. If the patient is unable to complete these forms, please leave them blank.

CARE PARTNER FORMS: Two of the attached forms are for our patients’ care partners to complete. A care partner can be a family member, friend, or professional care giver accompanying you today. They are the “*NPI-Q & Care Partner Concerns*”, and the “*FAQ & ADLs*” forms. If you are here by yourself, please leave these two forms blank.

Please let us know if you have any questions or concerns about these forms. We will be with you shortly.

Thank you!

MBWC Staff & Providers

Would you like to receive monthly email updates regarding Memory & Brain Wellness Center programs and events for persons living with memory loss?

If so, please leave your email address here: _____