Tremendous strides have been made in the diagnosis and treatment of dementing diseases. The Cognitive Disorders Clinic incorporates these advances to address the needs of patients and their families. Our revolutionary care model provides personalized care using the latest breakthroughs in diagnosis, treatment, and caregiver support with neuropsychological assessment and the most advanced imaging technology.

As the Intermountain West’s only academic dementia program, we provide patients with access to cutting-edge research and promising new treatments. The Clinic has unique expertise to evaluate diagnostically challenging patients and has established national and international collaborations.

Our subspecialty clinic operates differently than other practices and has several unique features. This brochure is a quick guide to our special services and what to expect when a patient is referred.

An Innovative Program

Eliminating Barriers to Care

• Our comprehensive services are located in Research Park at the University of Utah. Parking is free.
• All our services are conveniently located in the same building, including neurological evaluations, laboratory testing, neuropsychological assessments, 1.5T and 3T M1 brain imaging, magnetencephalography, and clinical drug trials.
• Our services do not end at the clinic door. We link patients and families with essential community agencies and support services, such as the Alzheimer’s Association.

Empowering Patients and Caregivers Through Dementia Education

• Our Health Educator meets with every patient and their caregivers at each visit to our Cognitive Disorders Clinic. We charge a small additional fee for this service.
• Our Memory Loss and Caregiving Resource Center, adjacent to our Clinic, provides useful information and reliable internet sites to help patients and caregivers meet ever changing dementia care challenges.
• Through individualized guidance and education, we encourage and expect families to take greater responsibility for their own care.

Preventing Crises by Planning for the Unexpected and Broadening Caregiving Networks

• Education and linkage to community services are essential for dementia care, but alone may not be sufficient. Many families require specific guidance and coaching. Our dementia-specific medical Social Worker addresses these needs.
• Social work services are billed to insurance or families may need to pay for these services directly.
• You also can refer patients directly to our dementia Social Worker.

We Support and Enhance, Rather than Replace the Dementia Care You Provide

Our Collaborative Care Model

• Referrals are required so we can provide care in collaboration with you.
• Good communication is essential. We send a letter from each clinic visit to the referring physician, primary care provider, and the patient or caregiver. We call you if there are urgent issues.
• We do not initiate or manage patient medications. This is more appropriately done by primary care providers and referring physicians, who can coordinate all drugs during more frequent visits.
• When appropriate, we periodically reassess patients to evaluate whether treatment goals have been met and revise management plans.
• For questions or advice, please contact us through the Neurology Call Center at (801) 585-6387.

Care Without Compromise

• Research quality care is our clinical routine.
• Our Appeals Advocate helps families obtain coverage for appropriate services from their insurance provider. A Patient Financial Advocate helps those who otherwise would be unable to afford our services.
• Our goal is to provide referring physicians with the highest quality service. Please contact us if we don’t meet your expectations.
Referring Patients to Our Clinic

When to Refer

**We focus on early diagnosis and interventions**

**Which Patients are Most Appropriate for Referral?**

- Patients interested in research studies with mild dementia (e.g. MMSE > 20) and good general health
- Uncertain but suspected dementia or isolated memory impairment
- Familial and early-onset dementia (with onset occurring before age 65)
- Atypical and focal dementias, including posterior cortical atrophy, progressive aphasia, and suspected frontotemporal dementia with prominent behavior or language disturbance
- Rapidly progressive dementia beginning in the past year (call one of our faculty members to assure rapid evaluation)
- Patients and families in acute crisis
- Severe dementia or need for institutional care
- History of severe head injury
- Active major medical illness
- No interest in learning the cause of dementia
- Active major medical illness
- History of severe head injury
- Lifelong history of psychiatric illness or mental retardation
- Severe dementia or need for institutional care
- Patients and families in acute crisis

**Which Patients are Inappropriate?**

- Patients interested in research studies with mild dementia (e.g. MMSE > 20) and good general health
- Uncertain but suspected dementia or isolated memory impairment
- Familial and early-onset dementia (with onset occurring before age 65)
- Atypical and focal dementias, including posterior cortical atrophy, progressive aphasia, and suspected frontotemporal dementia with prominent behavior or language disturbance
- Rapidly progressive dementia beginning in the past year (call one of our faculty members to assure rapid evaluation)
- Patients and families in acute crisis
- Severe dementia or need for institutional care
- History of severe head injury
- Active major medical illness
- No interest in learning the cause of dementia
- Active major medical illness
- History of severe head injury
- Lifelong history of psychiatric illness or mental retardation
- Severe dementia or need for institutional care
- Patients and families in acute crisis

What to Expect

- We are committed to seeing new referrals within one month; contact one of our physicians to assure that we see rapidly progressive dementias even more quickly.
- To provide timely service we prioritize the patients we see. If a person is unlikely to benefit from our Clinic, we will tell you. Feel free to call and discuss individual patients with our physicians.
- Our evaluation usually includes two physician visits over about one month, with additional testing between visits.
- Dementia specific protocols are used for neuropsychological testing and brain imaging as part of our comprehensive, multidisciplinary evaluation. It is preferable to refer patients before ordering these specialized tests; otherwise, studies may be inadequate and have to be repeated.

To make a referral, please contact:

**The Neurology Call Center**
Tel (801) 585–6387
Fax (801) 585-2746
neuro.scheduling@hsc.utah.edu

**The Cognitive Disorders Clinic**
CAMT Building, 729 Anapen Drive
Salt Lake City, UT 84108-1218

Health care providers can call (801) 585–6387 for patient care inquiries and to request treatment advice. For more information, please visit our website:

www.utahmemory.org

Our Clinical Team

**Norman L. Foster, MD**
Neurologist
Dr. Foster joined the University of Utah in 2005 as Professor of Neurology, Director of the Center for Alzheimer’s Care, Imaging and Research (CACIR), and Senior Investigator at the Brain Institute at the University of Utah.

**Edward Zamrini, MD**
Neurologist
Dr. Zamrini joined the University of Utah in 2006 as Associate Professor of Neurology, Director of Clinical Trials at the Center for Alzheimer’s Care, Imaging and Research (CACIR), and Member of the Brain Institute at the University of Utah.

**Troy C. Andersen, LCSW**
Social Worker
Mr. Andersen joined the Center for Alzheimer’s Care, Imaging and Research (CACIR) in 2006 as our dementia Social Worker. He is pursuing a doctorate in Social Work at the University of Utah with an emphasis in gerontological research.

**James A. Levy, PhD**
Neurologist
Dr. Levy joined the University of Utah in 2006 as Assistant Professor of Neurology, Neuropsychologist at the Center for Alzheimer’s Care, Imaging and Research (CACIR), and Member of the Brain Institute at the University of Utah.

**Kathy Moran**
Health Educator
Ms. Moran joined the Center for Alzheimer’s Care, Imaging and Research (CACIR) in 2006 as our dementia Health Educator. Her work is done in conjunction with the Utah Chapter of the Alzheimer’s Association.

**Gordon J. Chelune, PhD, ABPP-CN**
Neuropsychologist
Dr. Chelune joined the University of Utah in 2006 as Professor of Neurology, Senior Neuropsychologist at the Center for Alzheimer’s Care, Imaging and Research (CACIR), and Member of the Brain Institute at the University of Utah.

**Dr. Chelune joined the University of Utah in 2006 as Professor of Neurology, Senior Neuropsychologist at the Center for Alzheimer’s Care, Imaging and Research (CACIR), and Member of the Brain Institute at the University of Utah.**

**Our services are designed to prevent crises, rather than respond to acute problems**