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Consent for Memory Screening

I, _____, do hereby consent to a Memory Screen by Dr. Verghese and staff of Keystone Clinical Studies, LLC. I would be providing my demographic information, contact information, medical history and current list of medications, current symptoms and other related information related to the evaluation of my memory and cognitive functioning. I will also be tested for my memory and cognitive function.

I understand that this is an evaluation only and does not constitute a doctor-patient relationship with Dr. Verghese and Keystone Clinical Studies, LLC. My medical care will continue to be through my Primary Care Provider, existing medical team and medical insurance providers.

_____ (initials): I permit Dr. Verghese and Keystone Clinical Studies, LLC to retain this information on their database and to contact me in the future if there is a clinical trial that may benefit me.

Name of Memory Screen Subject

Sign and Date by Memory Screen Subject

Signs and Date by Power of Attorney
(if applicable)

Name of Power of Attorney
(if applicable)