MiNDSet Registry Initial Intake Form

Thank you for your interest in joining the MiNDSet Registry. The information you provide is collected so that we can best match you with the services and studies available at the Michigan Alzheimer’s Disease Research Center. Completion of this form will enter you into the Michigan Neurological Data Set, also called the MiNDSet Registry. A few things to remember as you complete this form:

- The information you provide to the MiNDSet Registry is confidential
- Based on the information you provide you may be invited to participate in a variety of research studies. However, there is no guarantee that you will be eligible for any of these studies, and you face no obligation to participate.
- Once you participate in other studies, these studies may release your information. Though, while your information is in our database it is secure.

To continue, you must agree to release your information to the team that maintains the MiNDSet Registry and to researchers that use the MiNDSet Registry to locate potential research participants for their studies.

Do you agree to release your information to the above parties?

☐ I agree

Tell us about yourself. You are… (select all that apply)

☐ An older adult with normal cognition or experiencing memory/thinking changes and interested in research for yourself
☐ Caring for an older adult with dementia and interested in registering this person for research (completing this form out on their behalf)
☐ Caring for an older adult with dementia and interested in registering yourself for research studies

Study Participant Information

Please provide the information below for the person wanting to participate in a study.

Participant Name _______________________________________________________

Participant Phone Number ________________________________________________

Participant Email Address _______________________________________________

How would you/they prefer to be contacted? (Select all that apply)

☐ Phone
☐ Email

What time is best for us to contact you/them? (Select all that apply)

☐ Morning
☐ Afternoon
☐ Evening

How did you/they hear about us? (Select all that apply)

☐ Own doctor
☐ MADC Website
☐ MADC Newsletter
☐ MADC Social Media (Twitter, Facebook, Instagram)
☐ Event or Health Fair
  ☐ Which Event or Health Fair? _______________________________________
☐ Radio/TV Announcement
☐ Alzheimer’s Association
☐ Other, please describe: ______________________________________________