

# GENERAL PRACTITIONER LETTER

## Mental Health and Addiction Service – Older Persons Tauranga Hospital

Private Bag 12024  
Tauranga, NEW ZEALAND

### MEMORY SERVICE

Date:

**Phone: (07) 579 8335**

**Fax: (07) 571 3900**

*Confidential*

**CIDA CODE**

Dear Dr

**RE:**

**DOB:**

**NHI:**

**Address:**

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Mr/Mrs/Ms/Miss has agreed to participate in the study 'Family Whānau Intervention for the Prevention of Dementia' by the Memory Service, at Mental Health Services for Older People. This pilot study aims to find out whether an information pamphlet about preventable risk factors for dementia for family members of a parent diagnosed with mild cognitive impairment or dementia is useful in changing health behaviours. **Name** has given consent for you to be aware of **his/her** involvement in this study.

The study has three collection points over a twelve month period. Information about general health (Quality of Life SF-36 and demographics), physical activity (NZPAQ), Mediterranean diet assessment tool (MEDAS), weight and smoking status is being gathered. If during this time one of our assessors finds that **name** requires further investigation; **s/he** may be advised to see their GP. A copy of the participant information sheet is enclosed.

We hope this pilot study intervention may lead to further studies and potentially add to the public health campaigns of health promotion and disease prevention.

Yours sincerely

*Electronically checked and reviewed.*

**Bronwyn Copeland**  
Psychiatrist

**Cheryl Collier**  
RN

**Fiona Miller**  
Psychiatrist

**Gary Cheung**  
Psychiatrist

**LEAD INVESTIGATORS**

GP: Family Whānau Intervention and Prevention of Dementia Study