NEW YORK STATE OF OPPORTUNITY. Nathan S. Kline Institute

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

DONALD C. GOFF, M.D.
Director

Dear _____,

Your appointment is scheduled for: _____

When you come for your MERI visit we would like you to complete the enclosed form and bring the completed form to your appointment. This form includes space for your medication names, dosages, indications, and start dates and/or stop dates. You are not required to use the enclosed form, any list will do, please just be sure that the list you bring includes the above-mentioned information.

Please remember to bring:

- Medication List
- Most recent medical records from your general physician or neurologist
- Most recent blood/urine laboratory report
- Any brain imaging reports (MRI, CT, PET scan)

If you do not have a copy of your medical records, lab reports, or imaging reports, please request them to be faxed to **Dr. Nunzio Pomara** at **845-398-5575.**

We would greatly appreciate your help in completing this form in order to make the MERI evaluation more efficient and more beneficial to you. Please let us know if you have any questions prior to your visit.

Please remember to bring your glasses, contacts, or hearing aids should you need these for your visit.

Sincerely,

The Geriatric Psychiatry Team
Nathan S. Kline Institute for Psychiatric Research
140 Old Orangeburg Rd, Blg 35
Orangeburg, NY 10962
Questions? Call us at **(845) 398-6594** or (845)398-6533
Alternatively, visit http://geri.rfmh.org