Alzheimer Society
WATERLOO WELLINGTON

REFERRAL FORM

A) NAME OF PERSON WITH PROBABLE OR DIAGNOSED DEMENTIA

Date:_____ Address:_____
First Name:_____ _____
Last Name:_____ City:_____
Gender: ☐ M ☐ F Postal Code:_____
DOB: _____/_____/_____ Phone:_____
dd mm yy

Has a formal diagnosis been made? If yes, what is the diagnosis?
☐ Yes ☐ No _____

B) CONTACT PERSON

Name: _____ Phone: _____
Relationship to person with dementia:_____ Email: _____
Address: _____
☐ Same address as above
Conduct call back with: ☐ Person with probable or diagnosed dementia ☐ Contact Person ☐ Referrer (below)
I have received consent to make this referral: ☐ Yes ☐ No
Can we leave a voice mail? ☐ Yes ☐ No

C) REFERRER CONTACT INFORMATION

Name: _____ Phone: _____
Organization: _____ Email: _____
Title: _____ Fax: _____
Follow up via: ☐ Phone ☐ Email ☐ Fax

D) REASON FOR REFERRAL

☐ Alzheimer/Dementia Information/Education ☐ Individual/Family Counselling
☐ Support Group ☐ Social/Recreational Programs
☐ Other: _____

_____

E) COMMENTS

F) URGENT REFERRALS

Urgent referrals are those where there is a safety risk or immediate concern involving the person with probable or diagnosed dementia and/or the contact person.

Is this an urgent referral? ☐ Yes ☐ No

If yes, please briefly outline the reason for an urgent referral:

_____

_____

Response time for urgent referrals is 5 business days.

Once complete, please send by fax to: (519) 742-1862. Regular response time for non-urgent referrals is approximately 4 weeks. If this is a crisis situation, please call Here 24/7: 1-844-437-3247.

Last updated: February 2017