

**Fax to Petra Lepage & Sharon Osvald at 962-1225, call 613-962-0892 or email**

[First.Link@alzheimershpe.ca](mailto:First.Link@alzheimershpe.ca)

**CLIENT REFERRAL - for dementia or memory concerns**

**Belleville Office**

470 Dundas Street East  
Belleville, ON K8N 1G1

[www.alzheimershpe.ca](http://www.alzheimershpe.ca)

**Bancroft Office**

1 Manor Lane  
Bancroft, ON K0L 1C0

**Picton Office**

90 King Street  
Picton, ON K0K 2T0

**Our Mission:**

*To alleviate the person and social consequences of Alzheimer's disease and related disorders*

**other supports involved (if known):**

SELHIN HCC  
VON  
SMILE  
PC/GAIN

<input type="checkbox"/>
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DATE: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**CONTACT INFO for person requesting support/information:**

Referral made to provide services/support to:

Name: \_\_\_\_\_

Primary Caregiver/Family Member       Person with Dementia

POA to Person living with dementia

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSON with DEMENTIA :**

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Relationship to Contact Person : \_\_\_\_\_

Address: \_\_\_\_\_

Address same as:  Primary Caregiver/Family Member

Phone #: \_\_\_\_\_

**Reason for Referral:**

**Diagnosis:**

--- For office use only ---

NESDA Profile Number:

Date entered:

Initials: