## Alzheimer Society

1184 Roland St, Suite 490 Thunder Bay, ON P7B 5M4 Tel: 807-345-9556 Fax: 807-345-1518 alzheimer.ca/en/thunderbay

Staying Socially/Physically Engaged

Date of Referral:	
Person with Dementia Name (probable or diagnosed):  (First name, Last name)	
Diagnosis & Date of Diagnosis (if known): Under Investigation	Specify here:
Date of Birth (mm/dd/yy):	Address:
Telephone Number:	
Can a voicemail message be left: Yes No	E-mail Address:
Preferred Language of Choice for Service: English	French Other:
Care Partner Name: (First name, Last name)	Relationship to above:
Date of Birth (mm/dd/yy):	Address: Same as above Other, please specify:
Telephone Number:	
Can a voicemail message be left: Yes No	E-mail Address:
Preferred Language of Choice for Service English	French Other:
Referral Source Name & Agency:	Address: Phone: Fax: Email:
l am referring: Person with Dementia Care Part	ner Both
Please contact: Person with Dementia Care Partner Both	
I have received consent to refer Yes No	
Reason for Referral  Cognitive Assessment Emotional Support Information/Education Finding Community Supports	

Additional

Notes:

Recently Diagnosed

Living Arragement/Transition Support

**Known Risks:** Yes No If yes, please select all that apply:

Family dynamics Infectious diseases Infestation/Squalor Pets Physical Environment

Recent hospitalizations Responsive behaviours Smoking Weapons Other:

Changes in Behaviour

Safety Concerns

Other/Specific Program, please specify: