

# Referral Form

Ask individual for permission to refer them to the Alzheimer Society of Calgary  
 Forward referral information to: **403-269-8836 (fax) or info@alzheimercalgary.ca (email)**

**Referral Source** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>NAME</b>		<b>ORGANIZATION</b>	
_____		_____	
<input type="checkbox"/> Family clinic	<input type="checkbox"/> Home Care	<input type="checkbox"/> Seniors Health Clinic	<input type="checkbox"/> PCN (specify) _____
<input type="checkbox"/> Dementia Advice Line	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Other (specify) _____	
<b>DESIGNATION</b>			
<input type="checkbox"/> Family Physician	<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Psych Allied Health	<input type="checkbox"/> Nurse
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other	_____
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	
_____	_____	_____	
<b>ADDRESS</b>	<b>CITY/TOWN</b>	<b>POSTAL CODE</b>	
_____	_____	_____	

**Who should we contact?** \_\_\_\_\_

PLWD  Caregiver **CONTACT**  Urgent  Not Urgent **OKAY TO LEAVE MESSAGE?**  Yes  No

**Person Living with Dementia (PLWD)** \_\_\_\_\_

<b>NAME</b>		<b>IDENTIFIES AS</b>	
_____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	<b>PHONE</b>
_____	_____	_____	_____
<b>DIAGNOSIS (EX: AD, VAD)</b>		<b>DIAGNOSIS DATE</b>	
_____		_____	

**Caregiver** \_\_\_\_\_

<b>NAME:</b>		<b>IDENTIFIES AS:</b>	
_____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	
_____	_____	_____	
<b>RELATIONSHIP TO PERSON WITH DEMENTIA</b>		<b>EMAIL</b>	
_____		_____	
<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>BUS. PHONE</b>	
_____	_____	_____	

**Comments** \_\_\_\_\_

\_\_\_\_\_

**CONSENT DISCUSSED**  Yes  No **SIGNATURE OF CONSENT (OPTIONAL)**

\_\_\_\_\_

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**To download a fillable PDF form, go to: <https://www.alzheimercalgary.ca>**  
**Please call (403) 290-0110 or Toll-Free: 1-877-569-HELP (4357) for more information.**