Cyril & Dorothy, Joel & Jill
Reitman Centre for Alzheimer's
Support and Training

60 Murray St., Suite L1-012, Toronto ON M5T 3L9 T: 416-586-4800 ext. 5882 F: 416-586-3231

Referring Source:

Name: ....

Agency/Organization: ....

Telephone Number:...................................... "Backline" (unlisted) Number: ....

Fax Number: .... E-mail Address: ....

Address: ....

Signature: .... Date: ....

If you are a physician:

Billing Number and Specialty: ....

Family Caregiver Information:

Caregiver's Name: .... DOB (Y/M/D): ....

Gender: ....

Health Card Number: .... Version Code: ....

Address: ....

Telephone Number:..

Is the caregiver fluent in English? ❍ Yes ❍ No *If "No", language(s) spoken:* ....

Family Physician's Name (if different from above): ....

Telephone Number:...................................... "Backline" (unlisted) Number: ....

Fax Number: .... E-mail Address: ....

Address: ....

***Background Information – To your knowledge*:**

Does the caregiver provide daily, direct, hands-on care for the person living with dementia? ❍ Yes ❍ No

Does the caregiver reside with the person living with dementia? ❍ Yes ❍ No

What is the relationship of the caregiver to the person living with dementia?

❍ Spouse ❍ Child ❍ Sibling ❍ Other

Has an assessment been done and a diagnosis of dementia been given? ❍ Yes ❍ No

PLEASE FAX THIS COMPLETED FORM TO 416-586-3231

FOR MORE INFORMATION, PLEASE CALL 416-586-4800, EXT. 5882

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