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| **Referring Source** | | |
| **Full Name:** | | |
| **Agency/Organization:** | | |
| **Telephone Number:** | **Fax Number:** | |
| **Email Address:** | | |
| **Signature:** | | **Date:** |
| **Referring to:** □CARERS □ □TEACH | | |
| **Care Partner Information** | | |
| **Name:** | **Email address:** | |
| **Telephone Number:** | **Cell number:** | |
| **Does the Care Partner provide daily, direct care for the person with dementia?** □Yes □No | | |
| **Does the Care Partner live with the person with dementia?** □Yes □No | | |
| **Has a diagnosis of dementia been given?** □Yes □No | | |
| **What is the relationship of the Care Partner to the person with dementia: (Please check only one)**  □Spouse □Child □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Additional Information:** | | |