

20 Anne Street South, PO Box 1414, Barrie, ON L4M 5R4 Tel: 705 722 1066 Fax: 705 722 9392 Alzheimer.ca/en/simcoecounty

| -REFERRAL FORM-   | *Date of Referral:                              |
|---|---|
| *Person with Dementia Name (probable or diagnosed):  (First name, Last name)  |   |
| Diagnosis: (please specify)   | Date of Diagnosis: Under Investigation:         |
| 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:  |
| **If Care Partner is the person being referred or is the primary contact, please fill out this section**  |   |
| *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<br>Name & Agency:   | Address: Phone: Fax: E-mail:                    |
| *I have received consent to refer: Yes No   | Please only include OHIP of referred person(s): |
| *I am referring: Person with Dementia Care Partner Bot  | :h Care Partner OHIP:                           |
| *Please contact: Person with Dementia Care Partner Bot  | h Person w/dementia OHIP:                       |
| *Programs & Services Referring to:  Navigation/Support  First Link® Care Navigation (newly diagnosed)  Supportive Counselling  Care Partner Support Group  Enhancing Care Program (CARERS/TEACH) skills based group therapy | In-Home Recreation earning Series               |
| *Primary Reason(s) for referral:  |   |
| 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:            |   |