

Client Referral Form



1. Ask for permission to forward individual's name to the Alzheimer Society

2. Send completed forms to: Alzheimer Society of Thunder Bay
180 Park Ave., Suite 310, Thunder Bay, ON P7B 6J4

FAX: 807-345-1518

Phone: 345-9556

Toll Free: 1-888-887-5140

Patient/Client Info:

Name _____ Gender _____
 Address _____ Date of Birth _____
 City _____ Family Doctor _____
 Province _____ Postal Code _____
 Phone # _____

Contact Info:

Name _____ Relationship to Patient: _____
 Address _____
 City _____ Preferred Contact Method: _____
 Province _____ Postal Code _____
 Home Phone # _____ Preferred Contact Time: _____
 Business Phone # _____
 Cell _____
 E-mail _____

Referral Info:

Referred by _____ Discipline Role: _____
 Address _____
 City _____ Business Phone _____
 Province _____ Postal Code _____
 E-mail _____

Comments