

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

3. Please support: Person with dementia Care Partner
 Both

Person with dementia:

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

Care Partner:

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

Referral Info:

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

Please Contact:

- Urgently (1 week)
- Please contact in 2-4 weeks

Clients needs:

- Support / counselling
- Education
- System Navigation
- Other _____

Comments:

