Alzheimer Society

180 Park Avenue, Suite 310, Thunder Bay, ON P7B 6J4 Tel: 807-345-9556 Fax: 807-345-1518 alzheimer.ca/en/thunderbay

Date of Referral:	
Person with Dementia Name (probable or diagnosed): (First name, Last name)	
	Specify nere:
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 Fi	rench Other:
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 Fr	rench Other:
F	Address: Phone: Fax: Email:
l am referring: Person with Dementia Care Partner	Both
Please contact: Person with Dementia Care Partner Both	
I have received consent to refer Yes No	
Reason for Referral Cognitive Assessment Emotional Support Information/Education Finding Community Supports	

Recently Diagnosed Changes in Behaviour Safety Concerns Staying Socially/Physically Engaged
Living Arragement/Transition Support Other/Specific Program, please specify:

Additional Notes:

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: