



Date: _____

***Required Fields**

Consent to collect, use and disclose personal health information attained? Yes No

Referral Source Information:

Please Print Clearly

*Your Name: _____ Department: _____
 * Organization: _____
 * Phone: _____
 * Email: _____

Please indicate who should be contacted (As below): Caregiver Person with Dementia Both

Caregiver:

Region: Ottawa Renfrew County Other

* Name: _____ * Gender: M F T
 * Address: _____ Date of Birth: (dd/mm/yyyy) _____
 City: _____ * Postal Code: _____ * Relationship to Person with Dementia:
 * Daytime Phone: _____ Spouse Child
 Secondary Phone: _____ Other: _____
 * Email: _____ * Health Card Number: _____
 * Language: English French Other: _____ Is it safe to leave a message? Yes No

Primary Reason for Referral

Education Peer Support Support/Counselling Community Resources

Person with Dementia:

* Name: _____ * Gender: M F T
 * Address: _____ Date of Birth: (dd/mm/yyyy) _____
 City: _____ * Postal Code: _____ Diagnosed By: _____
 * Daytime Phone: _____ Diagnosis: _____ Date: _____

Comments:

For more information call:

Ottawa: 613-523-4004
Renfrew County: 888-411-2067

Thank you for your referral