The Dementia Society
Ottawa and Renfrew County

Dementia Link Referral Form

Fax: 613-523-8522
Ottawa: 613-523-4004
Renfrew: 888-411-2067
Email: info@dsorc.org

Date: _____

✱Required Fields

Consent to share personal information attained? ☐ Yes ☐ No

Referral Source Information:

Please Print Clearly

✱Your Name: _____ Title: _____

✱ Organization: _____

Address: _____ ✱ City: _____

✱Postal Code: _____ ✱ Phone: _____ Fax: _____

✱ Email: _____

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

Caregiver:

Please Print Clearly

✱ Name: _____ ✱ Gender: M ☐ F ☐ N ☐ T ☐

✱ Address: _____ Date of Birth: (mm/dd/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:

Please Print Clearly

✱ Name: _____ ✱ Gender: M ☐ F ☐ N ☐ T ☐

✱ Address: _____ Date of Birth: (mm/dd/yyyy) _____

City: _____ ✱ Postal Code: _____ Diagnosed By: _____

✱ Daytime Phone: _____ Diagnosis: _____ Date: _____

Comments:

Submit

Thank you for your referral