

PLEASE NOTE: This program is for people living with dementia and/or caregivers who reside in Toronto ('M' postal code)

Date:	
Person with Dementia:	Caregiver / Contact Person:
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Diagnosis: _____	Relationship to person with dementia: _____
Preferred Language: _____	Preferred Language: _____
Phone Number: _____	Phone Number: _____
Person with dementia resides:	Email Address: _____
<i>Alone With a caregiver In a residential facility</i>	Mailing Address: _____

Please Contact:

Person with Dementia Caregiver / Contact Person Both

Preferred method of contact: Phone Email

To be contacted: As soon as possible Other: _____

The contact person has given consent to be contacted by the Alzheimer Society of Toronto: Yes No

Is it okay if we leave a voice message: Yes No

Services Required:

Counselling *Support Group* *Information Package* *Services in the Community (ie. ADP)*

Music Project *Education* *MedicAlert Safely Home* *Caregiver Project*

Other: _____

Additional Information:

Referral Source Information:

Name: _____ Title/Position: _____

Organization: _____

Phone: _____ Fax: _____

E-mail: _____

Follow-up Preference: Fax Email None Required

For more information about referring a client/patient please contact:

Shrid Dhungel, First Link Coordinator
Alzheimer Society of Toronto
Tel: 416-640-6316 | Fax: 416-322-6656 | Email: SDhungel@alz.to