

**RETURN TO: Greater Wisconsin Chapter**

**FAX #: 920.469.2131**

**E-MAIL: bemassey@alz.org**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person with dementia: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person being contacted: \_\_\_\_\_

How are you related to the person with dementia?  Self  Other \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of contact:  Phone  Email  Mail

Preferred day/time to contact: \_\_\_\_\_

May we identify ourselves as the Alzheimer's Association when we contact you?  Yes  No

I give permission to my healthcare/ service provider to fax my name and contact information to the Alzheimer's Association. I understand that an Alzheimer's Association representative will contact me within 2-4 weeks after receiving the referral about support and educational opportunities. I give permission for the Alzheimer's Association to provide a brief summary of our contact to the referring provider. I understand this is a free service provided by the Alzheimer's Association. I understand that my name, contact information or health information listed below will not be disclosed or shared with any other entity unless authorization is obtained by me.

Signature: \_\_\_\_\_

(Patient or Personal Representative)

**The person being referred provided verbal consent instead of their signature:**  Yes

**TO BE COMPLETED BY REFERRING PROVIDER**

**Urgent – Contact within 5 business days** *(non-urgent referrals will be contacted within 2-4 weeks)*

Diagnosis: \_\_\_\_\_ Diagnosis Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Organization: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Reason for Referral** *(please check all that apply):*

- Early Stage Programs:** Information on cognitive enhancement programs and Memory Cafés
- Education:** Disease orientation for patient and family, information about treatment, symptoms and stages
- Support:** In person, by phone or online
- Services:** 24/7 Helpline, care consultation and planning, information about resources in your area