

Complete all sections and fax to Dementia Advice/Health Link **1.866.979.3553** (toll free in Alberta) or Edmonton **780.735.3553**

Dementia Advice Nurse will contact Client within 72 hours of receiving referral.

Urgent referrals are advised to call 811.

Date of Referral (*yyyy-Mon-dd*)

Care Partner Demographics

Last Name		First Name	
Gender	PHN	Phone	Alternate Phone
Street Address		City	Postal Code

Care Partner's relationship to person with dementia

Person living with dementia (PLWD) Demographics

Last Name		First Name	
Gender	PHN	Phone	Alternate Phone
Street Address		City	Postal Code

Contact Details

Person to contact: Care Partner PLWD

When is the best time to reach client? <input type="checkbox"/> AM <input type="checkbox"/> weekday <input type="checkbox"/> PM <input type="checkbox"/> weekend	OK to leave message on client voicemail? <input type="checkbox"/> yes <input type="checkbox"/> no	Language interpreter required? <input type="checkbox"/> yes (<i>specify</i>): _____ <input type="checkbox"/> no
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Reason for Referral

- Navigation/Service Referral
- Caregiver Stress
- General Inquiries
- Pre-Diagnosis Memory/Confusion
- Other (*specify*): _____

Referral Source

Name of person making referral	Affiliated program or organization	
Address	Phone	Fax

Is client aware of and agreeable to the referral? yes no

Notes

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