

RETURN TO: Southeastern Wisconsin Chapter

FAX #: 414.479.8819
E-MAIL: jmcalister@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