

DIRECT→CONNECT REFERRAL FORM

RETURN THIS COMPLETED
REFERRAL FORM TO:

Wisconsin Chapter

FAX #: 414.479.8819

E-MAIL: contact-sewi@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