What Families Need to Know...  
When the Diagnosis is Alzheimer’s Disease or Related Dementia

A Care and Support Workshop for Family Caregivers

Caring for someone with cognitive impairment is a 24-hour a day, 7-day a week challenge. This series of educational sessions provides an opportunity for families to learn and share together in an informal setting. Topics are presented by experts in their fields, including physicians, nurses, social workers and attorneys.

In this program, participants will:
⇒ Develop a better understanding of medical aspects of dementia, including diagnosis, stages and treatment
⇒ Learn strategies to cope with daily challenges, such as communication, behaviors, safety and personal care
⇒ Receive information about legal and financial planning, including advance directives, Medicaid and more
⇒ Identify community services to help you now and in the future, such as respite care and long-term care

Session Topics include:

❖ The Nature and Progression of the Disease ❖ Legal Planning for Families
❖ Changes in Communication and Behavior ❖ Family Coping Strategies & Community Resources

Hamilton County
Four-part series  
Tuesdays, May 1, 8, 15, & 22
6:30 – 8:30 p.m.
Mercy Health-West Hospital  (Auditorium)
3300 Mercy Health Blvd.
Cincinnati, OH 45211

This program is free of charge but reservations must be made in advance.

CLICK here FOR ONLINE REGISTRATION

Or print out and complete the form below and send to: Alzheimer’s Association, 644 Linn St. #1026, Cincinnati, OH 45203. FAX: 513-632-3880

REGISTRATION: What Families Need to Know /Hamilton County  DATES: Tuesdays, May 1-8-15-22

How did you hear about this program?  __ Alzheimer’s Assn. staff  __ Healthcare provider  __ Family/friend/co-worker
  __ Mailing to home/work  __ TV/radio/newspaper ad  __ Website  __ Other

Name (please print):  _________________________________________________________________
Street Address:  ___________________________________________________________________
City: _________________________________________ State: _________ Zip code: _________       
County: _________________________  E-mail address: _________________________________
Telephone 1: ( ______ ) ______________________  Telephone 2: ( ______ ) _______________________
Circle one: Home  Work  Cellular  Circle one: Home  Work  Cellular

Your Gender:  __ M   __ F  Your Age: _____  Your highest level of Education: ______________________
Your Ethnicity:  __ White   __ Black   __ Hispanic   __ Native Amer.   __ Asian   __ Other: _________________
Your relationship to person with illness:  __ Self  __ Spouse  __ Adult child/in-law  __ Sibling  __ Other: _________________
Age of person with illness _______  Gender of person with illness  __ Male  __ Female  Veteran:  __ Yes  __ No
Diagnosis: __________________________________________ Date of diagnosis (estimated): __________