alzheimer's association®

☐ **Patient & Family**

☐ **Patient Only**

Patient Referral Form

☐ **Family only**

Provider: Please *FAX* to (717) 651-5066 or scan and email to referpa@alz.org
24/7 Helpline: 1-800-272-3900

Patient
I give permission for my physician to give my name, address, phone number, and the patient information below to the Alzheimer's Association so that a representative from the Association may contact me or my personal representative about support and educational opportunities that are available to me and my family. I understand that the Association will be providing feedback to my physician based on our contact.

Patient's Name____
(Please Print)

Patient's Signature____________________________ Date________________

Mailing Address____

Phone Number_______________

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

* * * * * *

Personal Representative's Name______________________ Date______________
(Please Print)

Personal Representative's Signature______________________________________

Mailing Address____

Phone Number_______________ Relationship to Patient: ____________________

To be completed by Physician:

Diagnosis_______________**Date of diagnosis**________ **MoCA/MMSE Score**_______
Primary Concerns/Reason for Referral:

- ○ Respite- Adult Day Programs
- ○ Respite- In-Home Caregivers
- ○ Peer to Peer Outreach Program
- ○ Initial Care Consultation
- ○ Diagnosed Individual Lives Alone
- ○ Placement Support
- ○ Caregiver Stress
- ○ Behavioral Issues
- ○ Difficulty Coping
- ○ Multiple Family Issues
- ○ Early stage social engagement programs
- ○ Legal/Financial
- ○ Wandering Concerns Driving Concerns
- ○ Support Groups
- ○ MedicAlert (R) & 24/7 Wandering Support
- ○ Safe Return Safety Issues
- ○ Education

Physician's Name (please print): ______________________
Phone: ***Fax:***

Name of Patient's Primary Care Neurologist: *(if other than self)*

____

The Alzheimer's Association Constituent Services Team will provide support, information, and one-on-one consultation.
Every effort will be taken to contact the individual/family.

Alzheimer's Association
Greater Pennsylvania Chapter