



The  
**Dementia  
Society**  
Ottawa and Renfrew County

## Dementia Link Referral Form

Fax: 613-523-8522  
Ottawa: 613-523-4004  
Renfrew: 888-411-2067  
Email: [info@dsorc.org](mailto:info@dsorc.org)

Date: \_\_\_\_\_

### \*Required Fields

Consent to share personal information attained? ☐ Yes ☐ No

#### Referral Source Information:

*Please Print Clearly*

\*Your Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\* Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ \* City: \_\_\_\_\_  
\* Postal Code: \_\_\_\_\_ \* Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
\* Email: \_\_\_\_\_

Please indicate who should be contacted (As below): ☐ Caregiver ☐ Person with Dementia ☐ Both

#### Caregiver:

*Please Print Clearly*

\* Name: \_\_\_\_\_ \* Gender: M ☐ F ☐ N ☐ T ☐  
\* Address: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_  
City: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ \* Relationship to Person with Dementia:  
\* Daytime Phone: \_\_\_\_\_ Spouse ☐ Child ☐  
Secondary Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
\* Email: \_\_\_\_\_ \* Health Card Number: \_\_\_\_\_  
\* Language: ☐ English ☐ French ☐ Other: \_\_\_\_\_ Is it safe to leave a message? ☐ Yes ☐ No

#### Primary Reason for Referral

Education ☐ Peer Support ☐ Support/Counselling ☐ Community Resources ☐

#### Person with Dementia:

*Please Print Clearly*

\* Name: \_\_\_\_\_ \* Gender: M ☐ F ☐ N ☐ T ☐  
\* Address: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_  
City: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ Diagnosed By: \_\_\_\_\_  
\* Daytime Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

#### Comments:

Thank you for your referral