alzheimer's association®

Fax Referral to 314-269-1624
Date of Referral _____
24/7 Helpline 800-272-3900

Direct Connect Rapid Referral Form- Greater Missouri

Name of person being referred:		
City:	**State:**	**Zip code:**
Name of person being contacted (if not the person being referred):		
Relationship to person being referred: □ Self □ Spouse/Partner □ Son/Daughter □ Other (specify)_____		
Mailing address:		
City:	**State:**	**Zip code:**
Phone (cell):	**Phone (home):**	
E-mail:		
Preferred contact method: □ Cell Phone □ Home Phone □ Email		
Primary language:	**Preferred day/time to contact:** ***(Monday - Friday, 9am-5pm CT)***	

Does the person being referred live with their primary caregiver? □ Yes □ No □ Self
May we identify ourselves as the Alzheimer's Association when we call? □ Yes □ No
May we leave a voicemail message? □ Yes □ No
May we email information? □ Yes □ No **May we postal mail information?** □ Yes □ No

I give permission to my healthcare or service provider to fax or e-mail my name and contact information to the Alzheimer's Association. I understand that an Alzheimer's Association Helpline representative will contact me about support and educational opportunities. In addition to giving my permission to be contacted by the Alzheimer's Association, I give permission for the Alzheimer's Association to share a summary of our discussion with the referring provider as indicated above. 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:_____ **Date:** _____

The person being referred provided verbal consent instead of their signature: ❑ Yes

To be completed by the professional

Professional's Name:		
Provider Organization/Department:		
City:	**State:**	**Zip code:**
Email:	**Phone:**	**Fax:**

Reason for Referral:

□ **Education:** Information on the disease, stages, symptoms, person-centered caregiving strategies
□ **Services:** 24/7 Helpline, support groups, education programs, resources in your community
□ **Care Planning:** Care options, staying in-home, managing activities of daily living, long term care placement, managing caregiver stress, safety