



Alzheimer Society of Windsor & Essex County REFERRAL FORM

Client/Patient Information

Name: _____ Male Female
Diagnosis: _____ Dx Date: _____

Contact Person Information

Name: _____
Phone Number: _____
Relationship to Client/Patient:
 Family Member _____ (Relationship)
 Other _____ (Please Specify)
To Be Contacted Immediately
 Other _____ (Please specify)

Your Information

Referred By: _____
Organization: _____
Phone Number: _____

Comments: _____

Please forward referrals to: 519-974-9727 (fax)
519-974-2220 Ext. 231 (phone)
jlaforest@aswecare.com

Alzheimer Society of Windsor & Essex County
2135 Richmond Street, Windsor, Ontario N8Y 0A1