



## 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](mailto:jlaforest@aswecare.com)

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