



The
**Dementia
Society**
Ottawa and Renfrew County

Referral Form

Fax: 613-523-8522

Phone: 613-523-4004 (Ottawa)

Phone: 888-411-2067 (Renfrew)

Email: Referrals@dsorc.org

Date: _____

Consent to collect, use and disclose personal health information obtained? Yes No

Referral Source Information:

Your Name: _____

Organization: _____

Email: _____

Phone: _____

Caregiver:

Name: _____ Gender: M F Other

Address: _____ Postal Code: _____

City: _____ Daytime Phone: _____

Email: _____ Secondary Phone: _____

Language: English French Other: _____ Is it safe to leave a message? Yes No

Person with Dementia:

Name: _____ Gender: M F Other

Diagnosed By: _____ Daytime Phone: _____

Diagnosis: _____ Date: _____

Primary Reason for Referral

Education Peer Support Support/Counselling Community Resources

Comments:

Thank you for your referral

Submit