Sinai Health | Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

THE CYRIL & DOROTHY, JOEL & JILL REITMAN CENTRE FOR ALZHEIMER'S SUPPORT AND TRAINING
A PROGRM TO CARE FOR CAREGIVERS
60 Murray Street, Suite L1-012, Toronto ON M5T 3L9 T: 416-586-4800 ext. 5882 F: 416-586-3231

Referring Source:

Name: .....

Agency/Organization: .....

Telephone Number: ..... "Backline" (unlisted) Number: .....

Fax Number: ..... E-mail Address: .....

Address: .....

Signature: ..... Date: .....

If you are a physician:

Billing Number and Specialty: .....

Family Caregiver Information:

Caregiver's Name: ..... DOB (Y/M/D): .....

Gender:

Health Card Number: ..... Version Code: .....

Address: .....

Telephone Number: .....

Is the caregiver fluent in English? ❍ Yes ❍ No *If "No", language(s) spoken:* .....

Family Physician's Name (if different from above): .....

Telephone Number: ..... "Backline" (unlisted) Number: .....

Fax Number: ..... E-mail Address: .....

Address: .....

Background Information - To your knowledge:

Does the caregiver provide daily, direct, hands-on care for the person with dementia? ❍ Yes ❍ No

Does the caregiver live with the person with dementia? ❍ Yes ❍ No

What is the relationship of the caregiver to the person with dementia?

❍ Spouse ❍ Child ❍ Sibling ❍ Other

Has an assessment been done and a diagnosis of dementia been given? ❍ Yes ❍ No

- *If "No", additional comprehensive services are available in the Centre, including full assessment and treatment. For your convenience, please see the attached referral form to our Outpatient Geriatric Psychiatry Program.*

PLEASE FAX THIS COMPLETED FORM TO 416-586-3231

FOR FURTHER INFORMATION, PLEASE CONTACT JENNY CARLSON AT 416-586-4800, EXT. 5882