

Dear Healthcare or Service Provider,

The Alzheimer's Association **Direct Connect Rapid Referral Program** is designed to assist you with patients and clients with memory loss, Alzheimer's and other dementias.

The program allows you to make a direct referral to the **Alzheimer's Association 24/7 Helpline** by completing a simple one-page, HIPAA compliant form and faxing it to your local chapter. The form is attached for your duplication and use. Additional resources are available at www.alz.org

Once received, the Alzheimer's Association will contact the referred individual within two business days and assist with immediate needs. The Association will continue to serve the client with future needs as they arise. If the client gives permission, we will fax an action report back to you. There is no fee for Helpline services.

If the situation is urgent in nature, please call our 24/7 Helpline directly at 800.272.3900 to transfer the client to us.

The Alzheimer's Association Helpline offers 24-hour support to people with memory loss and their families at any stage of the disease. The Association does not accept anonymous referrals, nor will we contact a patient or client without his or her expressed permission.

How the program helps your patients:

- Patients and caregivers dealing with dementia are connected to resources and support
- Education and support helps create a healthy, informed patient and caregiver
- Families receive timely response
- Patients and families receive help understanding the impact of dementia
- Families get the opportunity to build a support network and plan early in the disease
- Materials are made available for you to keep in your organization for future referrals

Alzheimer's Association programs:

- 24/7 Helpline with master's prepared social workers and trained volunteers
- Care Consultations help families navigate through difficult choices
- Support groups for people at all stages of the disease
- Education programs for families, community members and professionals
- Safety services and assistance with driving counseling
- Respite care financial reimbursement and supplies

The Alzheimer's Association values you as a partner in the care of people with Alzheimer's and dementia. Thank you for providing our resources to your patients in need.

Sincerely,



Stephanie Rohlf-Young, MSW
Outreach Director, St. Louis Chapter

FAX TO: St. Louis Chapter (serving eastern Missouri and western Illinois)

FAX #: 314.432.3824

Date: _____

Name of person being referred: _____
(Patient or Personal Representative)

Relationship to person with memory loss: Self Other _____

Phone: _____ Email: _____

Mailing Address: _____

May we identify ourselves as the Alzheimer's Association when we contact client? Yes No

I give permission to my healthcare or service provider to fax 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. 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: _____
(Patient or Personal Representative)

TO BE COMPLETED BY REFERRING PROVIDER

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

Diagnosis: _____ Diagnosis Date: _____

Provider Name: _____

Provider Organization: _____

Phone: _____ Fax: _____

Email: _____
(Email is not used to discuss client information, but rather for announcement of future Alzheimer's Association programs)

Reason for Referral: *(Please check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Further assessment by dementia specialist | <input type="checkbox"/> Disease orientation for patient & family |
| <input type="checkbox"/> Education programs | <input type="checkbox"/> Care consultation & planning |
| <input type="checkbox"/> Early stage programs | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Respite assistance & supplies | <input type="checkbox"/> Driving counseling |
| <input type="checkbox"/> Safety issues (MedicAlert + Safe Return®) | <input type="checkbox"/> Research enrollment (TrialMatch®) |