

Referral Form for Learning the Ropes for Living with MCI®

Please fax referral to <u>647-788-2199</u>.

Incomplete referrals will result in delay of services as they cannot be processed until all information is received.

Client information				
Client name		Date of birth (dd/mm/yyyy)		
Client address		City	Posta	al code
E-mail address (if client has agreed to be contacted by e-mail)				
Home phone	Other phone	Health card numbe	:r	Version code
Emergency contact name	Phone number	Relation to client	Who should be contacted first?	
 Has the client been diagnosed with amnestic MCI (i.e., memory worse than expected for age, normal ADLS and iADLs, no dementia)? □Yes □No Has the client been informed of and consented to referral? □Yes □No 				
Referring source information				
Name of referring physicia	I Telephone	Fax		
Address		Date of refe	rral (dd/mm/yyyy)	

Program information:

- This program is for older adults with amnestic MCI and their family members/friends. It is focused on optimizing cognitive health through lifestyle choices, memory training, and psychosocial support. There is a program fee; limited needs-based financial assistance is available.
- All referrals are processed through Central Navigation. Please fax only to 647-788-2199.
- For questions about the referral process, please call Central Navigation at 416-785-2500 x2100.
- For questions about the program, visit <u>www.baycrest.org/ltr</u> or call the Neuropsychology and Cognitive Health Program at 416-785-2500 x2445.