



# Alzheimer's Coalition OF HENDERSON COUNTY

Office Use Only

- Call ASAP
- Call back
- No follow up required

Staff/Volunteer Initials \_\_\_\_\_

Date/Time \_\_\_\_\_

- Walk In   
  Phone Call   
  Letter   
  Email

Name	Address	Phone Number/Email
<input type="radio"/> Person with Dementia <input type="radio"/> Primary Caregiver <input type="radio"/> Family Member	<input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Church	<input type="radio"/> Professional <input type="radio"/> Doctor/Nurse <input type="radio"/> Other Health
Name of person with dementia	Birthdate	Relation to you
Diagnosis/When	Address	County
Phone	Other Contacts	
Primary Physician	Primary Physician Phone	Primary Physician Fax
Neurologist	Neurologist Phone	Neurologist Fax
How did you hear about us? <input type="radio"/> Doctor <input type="radio"/> Website/Internet <input type="radio"/> Employer <input type="radio"/> Newspaper/Magazine	<input type="radio"/> Health Fair/Expo <input type="radio"/> Phonebook <input type="radio"/> Sitter Services <input type="radio"/> Friend/Family Member	<input type="radio"/> Home Health <input type="radio"/> Care Facility <input type="radio"/> Other:

**Office Staff Use Only: Support/Referrals Provided**

<input type="radio"/> Add to Mail/Email List <input type="radio"/> AD/Dementia Info <input type="radio"/> Adult Protective Services <input type="radio"/> AAA Information <input type="radio"/> Book/DVD <input type="radio"/> Caregiver Education <input type="radio"/> Caregiver Resources <input type="radio"/> Caregiver Support <input type="radio"/> D.A.D.S. Information <input type="radio"/> Day Club	<input type="radio"/> Financial Planning <input type="radio"/> Helpline Referral <input type="radio"/> Home Health <input type="radio"/> Home Care Providers <input type="radio"/> Hospice <input type="radio"/> LTC Placement Info <input type="radio"/> Medicare/Medicaid <input type="radio"/> Mental Health <input type="radio"/> Memory Screening <input type="radio"/> Nursing Home	<input type="radio"/> PLS/Safe Return <input type="radio"/> Physician Referral <input type="radio"/> Private Provider (Sitter) <input type="radio"/> Respite Information <input type="radio"/> Support Groups <input type="radio"/> Special Event <input type="radio"/> VA <input type="radio"/> Volunteer <input type="radio"/> Other <input type="radio"/> Packet Mailed
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