alzheimer's association®

Dementia Care Coordination Referral Form

Specific to Blue Cross and Blue Shield of Rhode Island Medicare Advantage Members

Referral Process:

- Email this form to directreferralmanh@alz.org
- Fax this form to 617-321-4130
- Refer online through our HIPAA Compliant form at https://hipaa.jotform.com/ALZ_DCC/referralform
- Call Direct Referral Secure Voicemail 617-393-2130

Questions? Email bpatterson@alz.org

The clinician making this referral has received permission from their patient or identified primary contact for the information below to be given to the Alzheimer's Association so that a representative can contact the listed individual regarding support and educational services. The referring clinician has confirmed their patient is a Blue Cross and Blue Shield of Rhode Island Medicare Advantage member and has also *informed* the listed contact that they will be receiving a call from an Alzheimer's Association representative.

Completing this form will allow us to more efficiently serve your patient/caregiver.

Full Name of Patient's Primary Contact (please print):_____ Race/Ethnicity_____

Relationship to patient (circle) spouse/partner son/daughter grandchild niece/nephew other _____

Complete mailing address: _____

Phone: (H) _____ (C) _____ Email: _____

Preferred contact method (circle): H C E Primary language: _____

Patient's name: _____ Diagnosis: _____

Patient's DOB: _____ Race/Ethnicity _____ Primary language (if not English) _____

Referring clinician & discipline: _____

Medical clinic/department: _____ Clinic phone: _____

Email: _____ Fax: _____

Please indicate by circling or highlighting how you would like the Care consultation Summary returned to you

☐ ***Please check here if the patient lives with the person being referred***

☐ ***Please check here to attest that the patient is a BCBSRI Medicare Advantage member***

Key concerns that should be discussed:

☐ Behavior management strategies
☐ Disease education
☐ Staying home alone
☐ Management of activities of daily living
☐ Care options: adult day health/in-home
☐ Family dynamics
☐ Medicare/Medicaid
☐ Geriatric care management
☐ Caregiver stress
☐ Communication techniques
☐ Driving/transportation options
☐ Housing options: skilled nursing/assisted living
☐ Legal & financial/long-term care planning
☐ General safety tips
☐ Transitioning to long-term care
☐ End of life care/hospice

Other Notes:

☐ **Please check this box if the person with dementia would be upset if contacted by the Alzheimer's Association. If checked, the Association will use caution when leaving voice messages and will use blank envelopes for information mailed to the caregiver. The family will not be added to the mailing list without the caregiver's consent.**