

DIRECT CONNECT

When you can't be there, **We're here.**



The **Alzheimer's Association**® is proud to provide all of this and more to families:

- Our nationwide **24/7 HELPLINE (800.272.3900)** receives more than 300,000 calls annually and is staffed by specialists and master's-level clinicians who provide support, offer information and suggest referrals.
- We host peer or professionally led **SUPPORT GROUPS** for caregivers and others dealing with Alzheimer's disease.
- Our **EDUCATION PROGRAMS**, available online or in person, feature information on the **ten warning signs of Alzheimer's, living with the disease, caregiving, and healthy lifestyle choices for the brain and body.**
- For further support, we offer **CARE CONSULTATION** appointments with licensed counselors to guide decision making and provide answers about next steps after diagnosis, including:
 - Building a care team.
 - Finding resources.
 - Considering financial/legal issues.
 - Resolving safety concerns.
 - Exploring changing roles and emotions.

The **Alzheimer's Association**® stands ready to help your patients as a trusted resource for ongoing information and support as they face the road ahead. Since 1980, the Alzheimer's Association has been the leader in providing care, support, education, and engagement opportunities for people with dementia and their families. We are a donor-supported non-profit agency.

When you can't be there, the Alzheimer's Association can provide **FREE resources** as well as answers to non-medical questions and concerns. We encourage you to utilize **DIRECT CONNECT** to quickly provide our support and services to your patients, their families and care partners (professional and non-professional).

The **Alzheimer's Association Illinois Chapter** is always willing to stop by and provide in-depth information to any provider or clinic. Contact us if you would like to learn more about the **FREE resources** we have to offer. It takes time to talk about Alzheimer's disease, and we have the time.

We look forward to being of service, now and any time in the future. We're here for you all day, every day.

Gene Kuhn

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DIRECT CONNECT Rapid Referral

Submit form at

Please FAX to **773.444.0934** or
E-MAIL **illinois@alz.org**

or go online to fill out form:
alzheimers-illinois.org/directconnect

Date: _____

Patient name: _____

Date of birth: _____

Name of person being contacted (if not the patient): _____

How are you related to the person with memory loss: Self Spouse/Partner Son/Daughter Other _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred day/time of contact by phone: (Indicate a time between Monday – Friday from 9a.m.-5 p.m.) _____

May we identify ourselves as the Alzheimer’s Association when we contact you? Yes No

May we leave a voice message? Yes No

I give permission to my healthcare or service provider to fax or e-mail 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. In addition to giving my permission to be contacted by the Alzheimer’s Association, I give permission for the Alzheimer’s Association to share a summary of our discussion with the referring provider as indicated above. 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)

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

To be completed by referring Health Care Professional

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

- Diagnose:** Information on dementia specialists / dementia diagnostic centers in your area
- Educate:** Disease orientation for patient & family, information about treatment, symptoms & stages
- Support:** In person, by phone or online
- Services:** 24/7 Helpline, care consultation & planning, information about resources in your area

Diagnosis: _____

Health Care Professional’s Name: _____ Provider Organization: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ SECURE Fax*: _____ SECURE EMAIL*: _____

**Please provide a SECURE FAX or EMAIL address in order to receive a follow up report from our helpline staff*