Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

alzheimer's association®
Massachusetts / New Hampshire Chapter

Point32Health Dementia Care Consultation Program

Referral Form

Please complete this form, save your answers, and attach a copy of your completed referral form in an email to DementiaConsults@point32health.org.

☐ **Harvard Pilgrim Health Care** ☐ **Public Plans**

☐ **Commercial** ☐ **USFHP** ☐ **Senior Care Options** ☐ **Medicare Preferred HMO**

Member Name: _____ Member ID: _____

Type of Dementia: _____ CM Program: _____

Member's Primary Contact: _____ Relationship to Member: _____

Contact Primary Phone: _____ Alternate Phone: _____

PCP: _____ Neurologist/Geriatric Psychiatrist: _____

Referring Case Manager: _____ **Phone:** _____

HIPAA permission obtained from member? ☐ Yes ☐ No ☐ N/A

Caregiver Assessment Score: _____ ☐ N/A

Needs:

- ☐ Medical issues (dx, medication, etc.)
- ☐ Increase care/support at home
- ☐ Placement/care needs
- ☐ ADLs
- ☐ Symptom management
- ☐ Caregiver support
- ☐ Safety (driving, home alone, safe return etc.)
- ☐ Support groups/education programs
- ☐ Future care planning
- ☐ Early stage issues
- ☐ End-of-life issues
- ☐ Case Review ONLY

ADDITIONAL RELEVANT INFORMATION: