

DATE: \_\_\_\_\_

FAX OR E-MAIL TO: 24-hour Helpline  
 FAX NUMBER: 212-697-6158  
 EMAIL ADDRESS: [RapidReferral@caringkindnyc.org](mailto:RapidReferral@caringkindnyc.org)

Patient Name: \_\_\_\_\_  
(Please **PRINT** first and last name)

Family/Friend Caregiver Name: \_\_\_\_\_  
(Please **PRINT** first and last name)

Who should be contacted?  Patient  Caregiver **Phone:** \_\_\_\_\_

Preferred Language:  English  Spanish  Chinese \_\_\_\_\_  Other: \_\_\_\_\_  
(please specify)

**Relationship to Person with Memory Loss:**

- Spouse/Partner  Daughter/Son  Sister/Brother  Grandchild  
 Friend  Other: \_\_\_\_\_

Best Time To Call:  Morning  Afternoon  Early Evening

May we identify ourselves as CaringKind?  Yes  No

*I give permission to my healthcare or service provider to give my name and contact information to CaringKind. I understand that a CaringKind Helpline specialist will contact me about the free support and educational services that are available. 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. I understand that I can revoke my permission at any time by contacting the referring provider named below.*

*I give permission to CaringKind to follow up with the provider named below.*

Signature: \_\_\_\_\_  
(MUST be signature of person to be contacted)

## TO BE COMPLETED BY REFERRING PROVIDER

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

**Diagnosis:** (please check)

Diagnosis Date: \_\_\_\_\_

- Dementia  Alzheimer's disease  Vascular dementia  Lewy Body dementia  
 Mild Cognitive Impairment  Other: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(email to be used for provider follow-up)

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

- Education Programs  Early Stage Programs  Support Groups  Safety/Driving issues  
 Social Work Services and Planning  Respite assistance and supplies  Wanderer's Safety Program  Other:

**FOR INTERNAL USE ONLY:**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_  HL Packet Mailed Date: \_\_\_\_\_  Provider Follow up Date: \_\_\_\_\_  
 I&R  ESS  Wandering/Safety  SG  Care Planning  Education



The Heart of Alzheimer's Caregiving

Dear Healthcare or Service Provider,

The CaringKind **Rapid Referral Program** is designed to assist you with meeting the non-medical needs of patients and clients with memory loss, Alzheimer's disease and other dementias.

This free service is an easy way for you to link families directly to a CaringKind Helpline specialist by completing a simple, one-page form and faxing or emailing it to directly to the Helpline. The form is attached for your duplication and use.

Once received, a Helpline specialist will contact the referred individual within two business days and assist with immediate needs. We will continue to serve the client with any of the non-medical challenges inherent in dementia care, should the need arise. For all medical needs, clients will be referred back to you as the attending of record. After initial contact is made, you will receive follow up information from the Medical and Healthcare Professional Outreach Manager. There is no fee for Helpline or any other services CaringKind provides.

The Helpline offers 24-hour support, 365 days a year in 200 languages to people with memory loss and their families at any stage of the disease. *We do not accept anonymous referrals, nor will we contact a patient or client without his or her expressed consent.*

**How the Program Helps Your Patients:**

- Patients and caregivers dealing with dementia are connected to resources and support in a timely manner
- Education and support helps create healthy, informed patients and caregivers
- Patients and families receive help understanding the impact of dementia
- Families have an opportunity to build a support network and plan early in the disease
- Materials are made available for you to keep in your office for future referrals

**CaringKind Programs:**

- 24-hour Helpline staffed by trained professionals who provide information, referrals and support
- Care Planning to help families navigate through difficult decisions and challenges
- Support groups that provide a safe and consistent place for caregivers
- Educational meetings and seminars for families, community members and professionals
- Early Stage Programs
- Wanderer's Safety Program and other safety services

We are dedicated to working with you as a partner in the care of people with Alzheimer's disease and related dementias. Thank you for providing our resources to your patients in need.

Sincerely,

A handwritten signature in black ink that reads "N. Mariano".

Niurqui "Nikki" Mariano  
Manager of Healthcare Outreach