



- Recently Diagnosed with Dementia (information session)
- Living with Dementia Program (small group program)

Please return to: Dementia Australia – Early Intervention Team
 F: (02) 8875 4665 | T: 1800 100 500
 E: NSW.referralearlyintervention@dementia.org.au
 Mail: Dementia Australia PO Box 6042 North Ryde NSW 2113

Date

Person living with dementia:

N.B. This information is necessary to help determine program suitability.

First name _____ Surname _____
 Street _____
 Suburb/City _____ Postcode _____
 Date of birth ___ / ___ / ___ or Age ___ years Male Female
 Telephone (home) _____ (Mobile) _____
 Email Address: _____
 Type of dementia (if diagnosed) _____
 Diagnosed by _____ Approx. date _____

Key Contact Person:

N.B. It is essential that this person has given consent to be contacted by a representative of Dementia Australia

Relationship to person with dementia _____
 First name _____ Surname _____
 Street _____
 Suburb/City _____ Postcode _____
 Date of birth ___ / ___ / ___ or Age ___ years Male Female
 Telephone (home) _____ (Mobile) _____
 Email Address: _____
 Restrictions on contact _____

Referred by:

N.B. This information enables us to provide feedback about your referral

Relationship to person with memory loss/dementia _____
 First name _____ Surname _____
 Role _____
 Organisation _____ Phone _____
 Email address _____