Dementia Care Consultation Referral Form

alzheimer's association

This form is to be used for Tufts Health Plan member referrals to the dementia care consultant. Once complete, please email form to **DementiaConsults@tufts-health.com**.

☐ **Commercial (including Tufts Health Freedom Plan)** ☐ **USFHP**

☐ **Tufts Health Plan Senior Care Options** ☐ **Tufts 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: _____ PCP fax #: _____

Neurologist/geriatric psychiatrist: _____

Referring care 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

ADDITIONAL RELEVANT INFORMATION: