

GETTING CONNECTED

Parkinson's Referral Program - Referral Form

REFERRAL PROCESS:

1. Ask the individual with Parkinson's, or their family member, for permission to forward their basic contact information to Parkinson Society Southwestern Ontario (PSSO).
2. To help us protect personal information, please fax rather than email the completed referral form to PSSO at **(519) 652-9267**. To download a fillable PDF form, visit: www.parkinsonsociety.ca. Call 1-888-851-7376 or email info@parkinsonsociety.ca to order additional referral pads.

REFERRING PHYSICIAN - CONTACT INFORMATION:

Name: _____

Organization/Agency: _____

Full Address: _____

Phone: _____ Fax: _____

Email: _____

I give PSSO consent to send me information on relevant programs and services via email. Yes No

PERSON WITH PARKINSON'S - CONTACT INFORMATION:

Name: _____

Gender: _____ Diagnosis Date (mm/dd/yyyy): ____/____/____

Full Address: _____

Phone: _____ Email: _____

Is connecting with this patient urgent? Yes No Preferred contact time: Morning Afternoon

Preferred method of contact: Phone Email Please send information package: Yes No

Parkinson Society Southwestern Ontario is committed to protecting the privacy and personal information of the people we provide services to. The information provided on this form will only be used to inform patients/clients and their families about programs and services that may be helpful to them. Personal medical information will only be used to match the patient/client with the most appropriate service and will be kept completely confidential and secure.



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