



### Cognitive Program Referral Form

Once completed email to SandC@gmail.com

Client Information:

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

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Can this number be texted? \_\_\_\_

Email: \_\_\_\_\_ \*Client needs to have email address to receive zoom links\*

What is their preferred method of communication (phone call, text, or email)?

\_\_\_\_\_

Is there a best day or time of day to reach and communicate with the client?

\_\_\_\_\_

What device will they be using to receive notices and to participate in the group?

\_\_\_\_\_

Is client comfortable and have capacity to navigate their email and zoom to participate or have someone who can support? \*This is needed for participation in the program\*

\_\_\_\_\_

Which session would they like to participate in? (Mondays at 3pm or Tuesdays at 11am)

\_\_\_\_\_

If they have someone who can support what is their name, contact info, and relationship to client?

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Can it be texted? \_\_\_\_\_

Email: \_\_\_\_\_

How would the client like to obtain the program materials (mailed, delivered, left with front desk, pick up, etc.?)

\_\_\_\_\_