PrimeWest HEALTH™
Your *greater* Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

Caregiver Support Program Referral Form

For Members with Alzheimer's Disease or Related Dementias

To refer members and their caregivers who could benefit from PrimeWest Health's Caregiver Support Program, please complete and return this form via secure email to **caremanagement@primewest.org** or via fax to **1-320-762-5967**.

If you have any questions, call the Provider Contact Center at **1-866-431-0802** (toll free).

Member Information

Member name: _____

DOB: _____ PMI: _____

Phone number: _____ Referral date: _____

Caregiver's name: _____

Caregiver's relationship to the member: _____

The member has the following diagnosis:

- ☐ Alzheimer's disease
- ☐ Dementia
- ☐ Mild cognitive impairment
- ☐ Other: _____

The member and caregiver would benefit from the following:

- ☐ Transportation support
- ☐ Finding resources or services
- ☐ Coping with progressive symptoms
- ☐ Caregiver support
- ☐ Food and nutrition education
- ☐ Caregiver self-care
- ☐ Improving communication
- ☐ Home safety education
- ☐ Other: _____

Provider Information

Provider name: _____ Facility: _____

Phone number: _____ Email: _____