

LEARN Referral Form



Please fill out your information below. The LEARN Case Manager will contact you for additional information regarding your referral.

Name: _____

Agency: _____

Phone number: _____

Date of referral: _____

Relationship to older adult: _____

Please provide identifying information regarding the older adult you are referring.

Name: _____

Phone number: _____

Address: _____

DOB: _____

Age: _____

What dynamics are you concerned with? (Select all that apply)

- Physical
- Emotional
- Verbal
- Sexual
- Financial
- Neglect
- Withholding medication

With whom is the relationship you're concerned about?

- Friend
- Adult child
- Spouse/partner
- Other family member
- Informal caregiver
- Other: _____

Is the individual aware this referral is being made?

- Yes
- No

What prompted you to call today?

Please detail your concerns:

Upon completion, please email this referral to learn@lethseniors.com or fax it to LSCO at 403-320-2762 and indicate attention to the LEARN Case Manager.