

## First Link® Referral Form

1. Ask individual for permission to refer them to the Alzheimer Society.
2. Forward referral information to: Fax (toll free) 1-877-788-5993 or email: [firstlink@alzheimer.ab.ca](mailto:firstlink@alzheimer.ab.ca)

### Referral Source

Date (d/m/yr): \_\_\_\_\_

Name _____		Organization _____	
<input type="checkbox"/> Family clinic	<input type="checkbox"/> Home Care	<input type="checkbox"/> Specialty Clinic	<input type="checkbox"/> PCN (specify) _____
<input type="checkbox"/> Dementia Advice Link	<input type="checkbox"/> Acute Care	<input type="checkbox"/> other (specify) _____	
Designation: <input type="checkbox"/> Family Physician <input type="checkbox"/> Care of Elderly <input type="checkbox"/> Geriatrician <input type="checkbox"/> Psych <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Social Worker <input type="checkbox"/> Allied Health			
Phone _____	Fax _____	Email _____	
Address _____			
City/Town _____		Postal Code _____	

### Person Living with Dementia

Name _____	Identifies as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
City/Town _____	Province _____
Diagnosis _____	Diagnosis Date _____
Phone _____	

### Person to Contact

PLWD  Care Partner     
 Contact:  Urgent  Not Urgent     
 Okay to leave message?  Yes  No

### Care Partner

Name _____	Identifies as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
City/Town _____	Province _____	
Relationship to person with dementia _____		
Home Phone _____	Cell Phone _____	Business Phone _____
Email _____	OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Comments

_____ _____
Consent discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No              Signature of Consent (optional) _____

The Alzheimer Society 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.

**To download a PDF form, go to: [www.alzheimer.ab.ca](http://www.alzheimer.ab.ca)**

**For more information:** phone toll free: 1-866-950-5465