Alzheimer Society
SAULT STE. MARIE & ALGOMA DISTRICT

First Link® Premier lien®

Sault Ste. Marie office
61 Great Northern Road
Sault Ste. Marie, ON P6B 4Y8
Tel: 705-942-2195 | Fax: 705-256-6777

East Algoma office
9 Oakland Blvd.
Elliot Lake, ON P5A 2T1
Tel: 705-848-8145 | Fax: 705-848-9528

North Algoma Office
37 Broadway ave
P.O. Box 587 Wawa, ON
Tel: 705-856-0000

www.alzheimer.ca/algoma | info@alzheimeralgoma.org

Date of Referral:

Person with Dementia Name (probable or diagnosed):
(First name, Last name)

Diagnosis & Date of Diagnosis (if known):
Under Investigation ❑

Specify here:

Date of Birth (mm/dd/yy):

Address:

Telephone Number:

Can a voicemail message be left: ❑ Yes ❑ No

E-mail Address:

Preferred Language of Choice for Service: ❑ English ❑ French ❑ Other:

Care Partner Name:
(First name, Last name)

Relationship to above:

Date of Birth (mm/dd/yy):

Address: ❑ Same as above ❑ Other, please specify:

Telephone Number:

Can a voicemail message be left: ❑ Yes ❑ No

E-mail Address:

Preferred Language of Choice for Service ❑ English ❑ French ❑ Other:

Referral Source Name & Agency:

Address:
Phone: Fax:
Email:

I have received consent to refer ❑ Yes ❑ No

I am referring: ❑ Person with Dementia ❑ Care Partner ❑ Both

Please contact: ❑ Person with Dementia ❑ Care Partner ❑ Both

Please only include OHIP of referred persons:

Care Partner OHIP#:

Person w/Dementia OHIP#:

Reason for Referral

❑ Cognitive Assessment ❑ Emotional Support ❑ Information/Education ❑ Finding Community Supports
❑ Recently Diagnosed ❑ Changes in Behaviour ❑ Safety Concerns ❑ Staying Socially/Physically Engaged
❑ Living Arrangement/Transition Support ❑ Other/Specific Program, please specify:

Additional Notes:

Known Risks: ❑ Yes ❑ No If yes, please select all that apply:

❑ Family dynamics ❑ Infectious diseases ❑ Infestation/Squalor ❑ Pets ❑ Physical Environment
❑ Recent hospitalizations ❑ Responsive behaviours ❑ Smoking ❑ Weapons ❑ Other:

Please send supplemental documentation as appropriate.