

Steps to make a First Link® referral:

1. Fill out as much information as possible. *Name and contact information are essential, while all other information will help us provide the best possible service to our clients.*
2. Ask clients for permission to forward their name(s) to the Alzheimer Society of New Brunswick and to **sign the statement of consent** on the bottom.
3. Forward the referral information by **fax** 1-506-452-0313 or **email** info@alzheimernb.ca

Referral Partner: _____ **Name of Organization:** _____
Address: _____ **City:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____ **Email:** _____

Family/Decision Maker: _____ **City of Residence:** _____
Phone: _____ **Best time to contact:** A.M. P.M.
Email: _____ **Relationship to person with dementia:** _____

Notes:

Person with Dementia: _____ Male Female
Phone: _____ **Best time to contact:** A.M. P.M. **Date of Birth:** _____
Diagnosis: _____ **Diagnosis Date:** _____

Notes:

To be contacted: Immediately In 3 weeks as per First Link guidelines

Please note: A First Link® Coordinator will be contacting the first contact listed on this form to discuss the First Link® Program upon receipt of this referral form.

STATEMENT OF CONSENT

By signing below, I _____ am authorizing the Alzheimer Society of New Brunswick to:

- a) Contact me to provide information on Alzheimer’s disease and related dementia’s and programs and services that may benefit me and my family, and
- b) Share with the organization / person who referred me to the First Link program if the Society has made successful contact with me. The sole objective of this communication between the Alzheimer Society and the referral partner is to ensure program standards are met. I understand that all details of communication between representatives of the Alzheimer Society of New Brunswick and the above mentioned client and their caregivers will remain confidential and will not be shared with any other party, including the above mentioned referral partner.

Client Signature: _____ **Date:** _____

Caregiver Signature: _____ **Date:** _____