

First Link® Referral Form

Steps to make a First Link® referral:

1. Ask the individual for permission to forward their name to the Alzheimer Society of Newfoundland and Labrador. *The Alzheimer Society of Newfoundland and Labrador is committed to protecting the privacy and personal information of the people we serve. The information provided on this form will only be used to ensure the patient/client receives the best possible service and to inform patients/clients and their families about activities of the Society, including programs and services, special events, and opportunities to support our organization.*
2. Forward the referral information by fax 1-709-576-0798 or email firstlink@alzheimer.nl.ca

REFERRAL SOURCE INFORMATION

Name: _____ Title: _____
Organization/Agency: _____
Address: _____ City: _____ Postal Code: _____
Phone #: _____ Email: _____
Date: _____ Referral Pad Number: _____

CLIENT INFORMATION

Name: _____ Phone #: _____
Diagnosis: _____ Diagnosis Date: _____

FIRST CONTACT INFORMATION (If different than above)

Name: _____ Phone #: _____
Address: _____ City: _____ Postal Code: _____
Relationship to client: _____ Ok to leave message? Y or N

COMMENTS

Our 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.

Contact (check one): immediately in 2 weeks in 4 weeks in 6 weeks