

What is *First Link*®?

First Link® is a direct referral program that connects newly diagnosed persons with dementia and their caregivers with community supports, including:

- **Learning supports** – dementia education regarding day- to-day living, communication, positive approaches to care, strategies for managing challenges, and preparing for the future
- **Link to care services** – connection to Alzheimer Society programs and navigation of other community resources including recreation programs, vulnerable person registry, in-home care, meals-on-wheels, transportation, adult day programs and more
- **Support** – social work services and facilitated peer support groups

Why refer to *First Link*®?

- It is often difficult for families and healthcare providers to know all the services available to people living with dementia
- Information and support, especially early on after diagnosis, helps patients and families cope with greater confidence and live well with dementia
- *First Link*® provides regular and proactive contact with clients and caregivers throughout the dementia journey

Who can be referred to *First Link*®?

- Persons with a confirmed or suspected diagnosis of dementia (i.e. Alzheimer-related diseases, frontotemporal dementia, vascular dementia, MCI, etc.)
- Caregivers and family members of those with a confirmed or suspected diagnosis of dementia

Who can refer to *First Link*®?

Physicians, health care providers, community organizations, or clients/families themselves

When to refer to *First Link*®?

As soon as a diagnosis is made, or at any other time in the dementia journey

How to refer to *First Link*®?

1. Ask the individual or family member for permission to forward their name to the Alzheimer Society.
2. Complete the 1-page referral form and **fax to 905-726-1917, Attention: Lisa Kovacevic**

For more information, please contact Lisa Kovacevic, First Link Coordinator at the Alzheimer Society of York Region at 905-726-3477 ext. 226 / 1-888-414-5550 or lkovacevic@alzheimer-york.com.

Date of Referral:		
Person with Dementia (probable or diagnosed) Name: (First Name, Last Name)		
Diagnosis: (if known)	<input type="checkbox"/> Under Investigation	Date of diagnosis: (if known)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
Primary Care Physician:		
Date of birth: (mm/dd/yy)	Address: (Street address, P.O. Box, City, Postal code)	
OHIP#:		
Phone:	Email address:	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:		
Care Partner Name: (First Name, Last Name)		Relationship to above:
Date of birth: (mm/dd/yy)	Address: <input type="checkbox"/> Same as above (Street address, P.O. Box, City, Postal code)	
Primary phone:		
Secondary phone:	Email address:	
Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:		
Please contact: <input type="checkbox"/> Person with Dementia <input type="checkbox"/> Care Partner <input type="checkbox"/> Other:		
Preferred contact method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other:		
Preferred contact time: (if known)	Can a message be left?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source Name & Agency:	Address:	
	Phone:	Fax:
	Email:	
<input type="checkbox"/> Self-referral		
Additional notes:		

Completed forms can be sent to the Alzheimer Society of York Region by FAX to 905-726-1917
Please send supplemental documentation as appropriate.

If you have any questions or concerns, please contact First Link Coordinator, Lisa Kovacevic,
at 905-726-3477 ext. 226 or lkovacevic@alzheimer-york.com.