

First Link® Referral Form

Date: _____

Please assist us by including Best Daytime phone # AND whether a message may be left. Thank you!

Please fax to appropriate location below: (Online referral located at alzhn.ca)

Brantford/Dunnville/Simcoe/Hagersville 519-759-8353

Hamilton 905-529-3787

Halton 905-681-7783

For BSO referrals please go to rgpc.ca/centralintake or call 905-521-2100 ext. 12221

Referral Source Information:

Name: _____ Title: _____

Organization/Agency/Hospital/ER: _____

Address: _____
Street City Postal Code

Phone#: _____ Fax#: _____ Email: _____

Please provide your fax number so we can follow up and send you a confirmation of your referral.

Person living with dementia/cognitive impairment’s information:

Name: _____ DOB: _____

Address: _____ Phone #: _____ Message OK? Yes No

Living Alone: Yes No Retirement Home Male Female Preferred language: _____

Diagnosis: _____ Diagnosis Date: _____

(Dementia, Alzheimer’s disease, Vascular, FTD, MCI, other)

Health Card Number _____

Family Physician: _____ Phone #: _____

Contact Person (Please indicate if a message can be left by phone)

Name: _____ Best Phone # where a msg can be left: _____

Address: _____ Alternate Phone #: _____
Street City Postal Code

Email: _____

Relationship to person living with dementia: Spouse Child Other: _____

Reason for referral: Education Counselling Health Promotion Intensive Case Management (Brantford, Burlington)

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Comments:

An Alzheimer Society staff member will be contacting the above named contact person to discuss the First Link® community of Dementia learning, services and support.