

First Link® Referral Form

Date: _____



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

Location & Fax #:

☐ BRANTFORD/DUNNVILLE /SIMCOE/HAGERSVILLE 519-759-8353
☐ HAMILTON 905-529-3787
☐ Niagara BSO Behavioural Clinician Program Only 905-529-3787
☐ HALTON 905-681-7783
☐ Online Referral: alzhn.ca

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: **Please include phone number where a message can be left**

Name: _____ DOB: _____

Address: _____ Best 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)

Family Physician: _____ Phone #: _____

Contact Person Information (*If different than above)

Please include phone number where a message can be left

Name: _____ Best Phone #: _____

Address: _____
Street City Postal Code 2nd Phone #: _____

Email: _____ ☐ Male ☐ Female



Message ok? ☐ Yes ☐ No

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

Reason for referral: ☐ Education ☐ Counselling ☐ Health Promotion ☐ Intensive Case Management (Brantford, Burlington, Haldimand Norfolk, & Six Nations) ☐ BSO Behavioural Care Planning
☐ BSO Responsive Behaviour Specialist -Retirement Homes (Hamilton & Burlington only)

Comments:
