Société Alzheimer Society
BRANT, HALDIMAND NORFOLK, HAMILTON HALTON

First Link Premier lien

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

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:

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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.