

## First Link Referral Form

First Link® is a direct referral program which links individuals and families affected by dementia, to a community of learning, services and support.

### Referral Source Information

Name: \_\_\_\_\_ From the BRT? Yes  No   
Agency/Organization: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Who is expecting us to contact them? Person with dementia  and/or Caregiver   
Comments: \_\_\_\_\_

### Person With Dementia Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Can a message be left? Yes  No   
Diagnosis (if known): \_\_\_\_\_  
Requested MCI course  Memory screening only  Support for responsive behaviours   
Service: Enhancing Care for Ontario Caregivers Program (CARERS, TEACH, etc.)

### Caregiver Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Can a message be left? Yes  No   
Relationship to Person With Dementia: \_\_\_\_\_

*Please send the completed referral form by fax 519-680-2864 or email [intake@alzheimersociety.ca](mailto:intake@alzheimersociety.ca). For questions, please contact our Intake Coordinator at 519-680-2404, extension 224.*

