 

**REFERRAL FORM**

***ONE Mail Users:*** *Please complete this form electronically, save, and send via ONE mail to Alzalgoma, First Link from ONE Pages (*[*firstlink.alzalgoma@oneid.on.ca*](mailto:firstlink.alzalgoma@oneid.on.ca)*).*

***Non ONE Mail Users:*** *Please print and* ***Fax*** *to 705-256-6777 or* ***Phone*** *the Alzheimer Society at 705-256-6777 or* ***Toll Free*** *at 1-877-396-7888.*

***We are unable to accept electronic referrals via regular email – ONE Mail is required.***

***Please note that we are unable to respond on an immediate basis.***

REFERRAL SOURCE: *Please indicate your preferred method of contact (\*)*

|  |  |
| --- | --- |
| **Date** | Click here to enter text. |
| **Referred by (Name, Title)** | Click here to enter text. |
| **Organization/Agency** | Click here to enter text. |
| **\*Email *(ONE Mail required)*** | Click here to enter text. |
| **Phone** | Click here to enter text. |

PERSON WITH DEMENTIA INFORMATION

|  |  |
| --- | --- |
| **Name (last, first)** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Diagnosis** | Click here to enter text. |
| **Family Physician** | Click here to enter text. |
| **Living Arrangements (i.e.: alone)** | Click here to enter text. |

CARE PARTNER INFORMATION

|  |  |
| --- | --- |
| **Name (last, first)** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Relationship to person with dementia** | Click here to enter text. |

BEST CONTACT: Person with dementia  Care Partner

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| **Please indicate any concerns that you have identified:** |
| **COMMENTS:** Click here to enter text. |

As a result of this referral to the First Link® program, the First Link Coordinator will:

* Conduct a home or office visit to provide information and support;
* Provide an information package to the person with dementia and/or family members regarding dementia, coping with dementia, etc.
* Refer the person with dementia and/or family members to the First Link Learning Series;
* Make referrals to appropriate community services as indicated.

If you would like the person with dementia to be assessed for other Alzheimer Society services, please check the appropriate boxes:

Cognitive assessment (please provide reason for requesting a cognitive assessment in the comments section above)

Safely Home® – Alzheimer Wandering Registry

Recreation Therapy

Volunteer Visiting