

First Link® Referral Form

Steps to make a First Link® referral

1. Ask individual for permission to forward their name to the Alzheimer Society of B.C.

The Alzheimer Society of B.C. is committed to protecting the privacy and personal information of the people we provide services to. The information provided on this form will only be used to inform patients/clients and their families about programs and services that may be helpful to them. Personal medical information will only be used to match the patient/client with the most appropriate service and will be kept completely confidential and secure. <https://alzheimer.ca/bc/en/about-us/about-our-organization/privacy-statement>

2. Forward referral information to: **Fax: 604-238-7390 or toll-free 1-833-238-7390**

To download a fillable PDF form, go to: www.alzheimerbc.org (search for "resources for healthcare providers")

To help us protect personal information, please **fax** rather than email referral forms.

Your Information

Referral Date: _____

Referring Professional Name: _____

Organization _____ Role _____

Address _____

City _____ Postal Code _____

Phone _____ Fax _____ Email _____

Person Living with Dementia (please ensure City is completed so local contact can be made)

Name _____ Title (Mr. Ms. etc.) _____

Address _____ Date of Birth _____

City _____ Family Physician _____

Province _____ Postal Code _____ Diagnosis _____

Phone: _____ Diagnosis Date _____

Contact Person (please ensure City is completed so local contact can be made)

Name _____ Relationship to person with dementia: _____

Address _____

City _____ Preferred Contact Time: _____

Province _____ Postal Code _____

Home Phone _____ *Initial contact will be made by phone*

Alternate Phone _____ Cell Business

E-mail _____ OK to leave message? Yes No

Comments _____

It is our practice to call people within 1-3 weeks of referral date, unless otherwise requested.