

## First Link® Referral Form

### Steps

1. Ask individual(s) for permission to refer them to the Alzheimer Society of Nova Scotia (ASNS).
2. Complete the form below and forward it by fax to 902-422-7971 or secure email to [firstlink@asns.ca](mailto:firstlink@asns.ca)
3. Within three weeks, ASNS will make an initial attempt to contact referred clients to offer tailored education, information and ongoing support.

Referral Source		*Required fields for all referrals. Other fields required for 1st referral only.	
*Name	_____	*Title/profession	_____
Organization	_____	Address	_____
Town/City	_____	Phone	_____
Email	_____	*Fax	_____

Person(s) to Contact		Fill out all information. Check the box for each person you want us to contact.	
<input type="checkbox"/> Care partner/support person		<input type="checkbox"/> Person with dementia/suspected dementia	
Name	_____	Name	_____
Relationship to person with dementia	_____	Diagnosis (if known)	_____
		Date of diagnosis (if known)	_____
Town	_____	Town	_____
Phone	_____	Phone	_____
Permission to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permission to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent to contact (client initials):	_____	Consent to contact (client initials):	_____
<input type="checkbox"/> Verbal consent to contact (in lieu of initials)		<input type="checkbox"/> Verbal consent to contact (in lieu of initials)	

Reason for Referral
_____

Accommodations (if needed)
_____

Is this referral urgent? <input type="checkbox"/> No <input type="checkbox"/> Yes
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The Alzheimer Society of Nova Scotia adheres to professional standards for confidentiality and security of personal information in accordance with provincial and federal legislation.