First Link® Premier lien™

Société Alzheimer Society
NOVA SCOTIA

Date _____

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
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.

☐ **Care partner/support person**

Name _____

Relationship to person with dementia _____

Town _____

Phone _____

Permission to leave a message? ☐ Yes ☐ No

Consent to contact (client initials): _____

☐ Verbal consent to contact (in lieu of initials)

☐ **Person with dementia/suspected dementia**

Name _____

Diagnosis (if known) _____

Date of diagnosis (if known) _____

Town _____

Phone _____

Permission to leave a message? ☐ Yes ☐ No

Consent to contact (client initials): _____

☐ Verbal consent to contact (in lieu of initials)

Reason for Referral

Accommodations (if needed)

Is this referral urgent? ☐ No ☐ Yes

The Alzheimer Society of Nova Scotia adheres to professional standards for confidentiality and security of personal information in accordance with provincial and federal legislation.

The Alzheimer Society of Nova Scotia, 112-2719 Gladstone St., Halifax, NS B3K 4W6
902-422-7961 | Toll-Free: 1-800-611-6345 | First Link® Fax: 902-422-7971
www.alzheimer.ca/ns