

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 902-406-6890 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.	
<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	
Initial consent to contact		Initial consent to contact	
<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
Request follow up report? <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Fax

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