

First Link[®] program

First Link[®] ... your first step to living well with dementia

First Link[®] is a program that gives persons with dementia, their care partners and family a direct connection to a wide variety of services and supports offered through the Alzheimer Society and within the community.

First Link, endorsed by the medical community, is based on the Canadian Consensus Guidelines on Dementia, developed by 45 medical experts. Those experts recommend primary care providers use First Link as a support for patients and families affected by dementia.

First Link has decreased the average time between diagnosis and referral to local Societies from 18 to 7 months. That's important because the sooner your patient gets help, the more control they have over their illness.

An analysis of referrals to local Societies' First Link programs showed 65 per cent of patients were referred by health care providers, while 35 per cent referred themselves.

First Link brings together the Alzheimer Societies in Ontario, primary care physicians and other health professionals to provide services and treatment to people with dementia – from diagnosis to end of life.

Why use First Link[®]?

Presenting a diagnosis of dementia to a patient is never easy. They may be bewildered and distressed about the challenges ahead, and unsure about how to navigate the health system.

Families are often too overwhelmed to pick up the phone and ask for help. When you refer them to First Link, we call them, connecting them to the information and resources they need to make informed choices.

First Link gets them the help they need right away, averting possible crises and helping them meet challenges as they come up. That translates into fewer emergency room visits and lets caregivers keep family members with dementia at home as long as possible.

With a projected 40 per cent growth in the number of Ontarians diagnosed with Alzheimer's disease and related dementias by 2020, the support First Link offers your patient is more important than ever.

What exactly can First Link[®] do for your patient/client?

- Quickly connects them to programs and services at the Alzheimer Society of Lanark Leeds Grenville including
 - One-on-one and family counselling and support groups
 - Tips for navigating the health system to get the care they need
 - Five-part learning series of workshops tailor-made for families at various stages of the illness. Topics include practical information about the disease and daily living, positive approaches to care, strategies for challenges and how to prepare for the end of life.

- Links them to other health and social service providers in their community

- Helps them find resources to manage issues such as decision-making, adjusting to the loss of a driver's license, financial planning, power of attorney and long-term care placement

What health care providers are saying about First Link®

“As a family physician that cares for individuals with a multitude of chronic diseases, I welcome any help I can access to assist my patients and their families. In these days of limited resources, other professionals often have more time and information to share with the public than I have, as I juggle the demands generated by caring for an aging population.”

“As a health care professional, First Link provides a much needed and valued service. Receiving a diagnosis of any kind of cognitive change can be very difficult for clients and their families. Having First Link to refer them to, I am confident that they are going to get timely advice and support not only at the point of diagnosis but as their disease, circumstances and needs change.”

How to get in touch

To learn more about the Alzheimer Society of Lanark Leeds Grenville First Link program contact:

Anne Rodger

First Link Care Navigator

arodger@alzllg.ca

613-213-1526

Date of Referral:	
Name of Person with Dementia (probable or diagnosed): (First Name, Last Name)	
Diagnosis & Date of Diagnosis (if known): Under Investigation <input type="checkbox"/>	<i>Specify here</i>
Date of Birth (mm/dd/yy):	Address:
Telephone Number:	
Can a voicemail message be left: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:
Preferred Language of Choice for Service	English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____

Care Partner Name: (First Name, Last Name)	
Date of Birth (mm/dd/yy):	Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other, please specify:
Telephone Number:	E-mail Address:
Can a voicemail message be left: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to above:
Language of Choice for Service (if possible)	English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____

Referral Source Name & Agency:	Address: Phone: Fax: Email:
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I am referring: <input type="checkbox"/> Person with Dementia <input type="checkbox"/> Care Partner <input type="checkbox"/> Both
Please contact: <input type="checkbox"/> Person with Dementia <input type="checkbox"/> Care Partner <input type="checkbox"/> Both
I have received consent to refer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral
<input type="checkbox"/> Cognitive Assessment <input type="checkbox"/> Emotional Support <input type="checkbox"/> Information/Education <input type="checkbox"/> Finding Community Supports
<input type="checkbox"/> Recently Diagnosed <input type="checkbox"/> Changes in Behaviour <input type="checkbox"/> Safety Concerns <input type="checkbox"/> Staying Socially/Physically Engaged
<input type="checkbox"/> Living Arrangement/Transition Support <input type="checkbox"/> Other/Specific Program, please specify: _____

Additional Notes:
Known Risks? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please select all that apply:</i>
<input type="checkbox"/> Family dynamics <input type="checkbox"/> Infectious diseases <input type="checkbox"/> Infestation/Squalor <input type="checkbox"/> Pets <input type="checkbox"/> Physical Environment <input type="checkbox"/> Recent hospitalizations
<input checked="" type="checkbox"/> Responsive behaviours <input checked="" type="checkbox"/> Smoking <input type="checkbox"/> Weapons <input checked="" type="checkbox"/> Other _____