

# Alzheimer Society

PETERBOROUGH, KAWARTHA LAKES, NORTHUMBERLAND & HALIBURTON

## First Link® Referral Form

Steps to make a First Link® referral;

1. Ask for the individual(s) permission to forward their name to the Alzheimer Society
2. Fax or phone the referral into the appropriate office

Peterborough & Northumberland  
183 Simcoe St., Peterborough, ON K9H 2H6  
705-748-5131 or 1-800-561-2588  
Fax: 705-748-6174

Kawartha Lakes & Haliburton  
55 Mary St. W., Suite 201, Lindsay, ON K9V 5Z6  
705-878-0126 or 1-800-765-0515  
Fax: 705-878-0127

Patient/Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

email: \_\_\_\_\_

Care Partner Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ (required for statistical purposes)

Phone Number: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Has diagnosis been communicated to patient/caregiver:  YES  NO

Please contact:  Care Partner  Patient

Permission to leave a message:  YES  NO

Programs Suggested:

- Support Group       Individual Support       Educational Workshops  
 Friendly Visiting       Walking Club       Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Preferred method to receive follow up correspondence:

- Mail       Fax       No follow up required as there are no patient records