First Link Premier lien

Your first step to living well with dementia

Alzheimer Society YORK REGION

Client Referral Form

Steps to make a First Link Referral: Ask for permission to forward individual's name to the Alzheimer Society of York Region. Complete form, print and either e-mail or fax.

Send printed forms to:

Fax: 905-726-1917

Alzheimer Society of York Region
2-240 Edward Street
Aurora, ON L4G 3S9
905-726-3477

OR ONE mail subscribers can email saved form to: ***jmacri@alzheimer-york.com***

Client/Patient Info

Name:		Gender	Click the down arrow.
Address:		Date of Birth:	
City:		Family Doctor:	
Postal Code:		Diagnosis:	
Phone #:		Diagnosis Date:	

Caregiver/Contact Info

Name:		Relationship to Patient:	
Address:			
City:		**FIRST LINK FOLLOW UP**	
Postal Code:		Preferred Contact Person:	
Home. Phone:		Preferred Contact Method:	
Cell Phone:		Preferred Contact Time:	
E-mail:		Can a message be left?	◉ Yes ○ No

Referred By

Name:		Agency/Org:	
Address:		Fax Number:	
City:		Bus. Phone:	
Postal Code:		E-mail:	

Reason for Referral

Please Support: ☐ Client ☐ Caregiver Please Contact: ☐ Urgent (< 1 week) ☐ Non-Urgent

Notes: