

First Link® Referral Form

Steps to make a First Link® referral:

1. Ask the individual for permission to forward their name to the Alzheimer Society of Saskatchewan
The Alzheimer Society of Saskatchewan is committed to protecting the privacy and personal information of the people we serve. The information provided on this form will only be used to ensure the patient/client receives the best possible service and to inform patients/clients and their families about activities of the Society, including programs and services, special events, and opportunities to support our organization.
2. Forward the referral information by fax 1-866-746-1507 or email firstlinkreferral@alzheimer.sk.ca

REFERRAL SOURCE INFORMATION

Name: _____ Title: _____

Organization/Agency: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

PERSON WITH DEMENTIA (PWD) INFORMATION

Name: _____ Phone #: _____

Address: _____ City: _____ Postal Code: _____

SUPPORT PERSON/CAREGIVER INFORMATION

Name: _____ Phone #: _____

Address: _____ City: _____ Postal Code: _____

Relationship to PWD: _____ Email: _____

Okay to leave phone message? Yes or No

COMMENTS

Contact (circle one): Immediately in 2 weeks in 4 weeks in 6 weeks

STATEMENT OF CONSENT/SIGNATURE

I _____ (name) of _____ (city/town) authorize the above information to be shared with the Alzheimer Society of Saskatchewan.

PWD or Caregiver signature _____ Witness _____

Date _____ Date _____

In lieu of written consent, verbal consent was received? Yes or No

