

Alzheimer Society

S A S K A T C H E W A N

First Link® Direct Referral Form

Forward this form by fax 1-866-746-1507 or email: firstlinkreferral@alzheimer.sk.ca

Ask the person for consent to forward their name(s) to the Alzheimer Society of Saskatchewan.

Referral for: Person with Dementia Caregiver / Family Member / Support Person Both

Contact (Select One) in: 2-5 days 2 weeks 3 weeks 4 weeks

Referral Source – Name & Clinic / Agency	Address, Phone, Fax & Email

Person with Dementia – Name:

Date of Birth (MM/DD/YY): _____ **Date of Diagnosis (MM/DD/YY):** _____

Diagnosis: Alzheimer’s Disease Dementia with Lewy Bodies Frontotemporal Dementia
 Mild Cognitive Impairment Mixed Dementia Vascular Dementia
 Currently Being Assessed Without Diagnosis Other:

Address: _____

Phone: _____ **May leave a voicemail message:** No Yes

Caregiver / Family Member / Support Person – Name: _____

Relationship to PWD: _____ **Email:** _____

Address: _____

Phone: _____ **May leave a voicemail message:** No Yes

Reason for Referral:

<input type="checkbox"/> Finding Community Supports	<input type="checkbox"/> Changes in Behaviour	<input type="checkbox"/> Emotional Support
<input type="checkbox"/> Meaningful Activity	<input type="checkbox"/> Information/Education	<input type="checkbox"/> Living Situation / Transition
<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Recent Diagnosis	<input type="checkbox"/> Safety Issues
	<input type="checkbox"/> Other (Explain): _____	

Known Risks: No Yes (If yes, select all that apply)

<input type="checkbox"/> Caregiver Fatigue	<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Family dynamics
<input type="checkbox"/> Isolation	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Losing their way/wandering
<input type="checkbox"/> No Support	<input type="checkbox"/> Physical Risk	<input type="checkbox"/> Responsive Behaviours
<input type="checkbox"/> Self-neglect	<input type="checkbox"/> Other (Explain): _____	

The Alzheimer Society of Saskatchewan is committed to protecting the privacy and personal information of the people we serve. The information provided will only be used to ensure the person(s) being referred will receive the best possible service and to inform the person(s) about activities of the Society, including programs and services, special events and opportunities to support our organization.