

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

* Referred person(s) consent(s) to a referral to the Alzheimer Society of Saskatchewan

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

Contact (Select One) in: 1 week 2 weeks 4 weeks

Date of referral (DD/MM/YY):

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

Person with Dementia:

Name: _____ Date of Birth (DD/MM/YY): _____
Address: _____ Phone: _____
Date of Diagnosis (DD/MM/YY) _____
May leave a voicemail message Yes No
Living Situation: Alone With Family In Facility

Diagnosis:

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

Current Services Accessed/Pending

Caregiver / Family Member / Support Person:

Name: _____ Date of Birth (DD/MM/YY): _____
Address: _____ Phone: _____
May leave a voicemail message Yes No

Reason for Referral:

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

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

Behavioural changes Family dynamics Losing their way/wandering
 Caregiver Fatigue/burn out Isolation Physical Safety
 Comorbid diagnosis Limited/no Support Self-neglect
 Environmental Concerns Living Alone 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.

Revised September 2023