

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 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Diagnosis: | Living Situation: <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> In Facility | |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Dementia with Lewy Bodies | <input type="checkbox"/> Frontotemporal Dementia |
| <input type="checkbox"/> Mild Cognitive Impairment | <input type="checkbox"/> Mixed Dementia | <input type="checkbox"/> Vascular Dementia |
| <input type="checkbox"/> Currently Being Assessed | <input type="checkbox"/> Without Diagnosis | <input type="checkbox"/> Other: _____ |
| Current Services Accessed/Pending | _____ | |
| _____ | | |

| Caregiver / Family Member / Support Person: | |
|--|---------------------------------|
| Name: _____ | Date of Birth (DD/MM/YY): _____ |
| Address: _____ _____ | Phone: _____ |
| May leave a voicemail message <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Reason for Referral: | | |
|---|--|---|
| <input type="checkbox"/> Changes in Behaviour | <input type="checkbox"/> Information/Education | <input type="checkbox"/> Recent Diagnosis |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Living Situation/Transition | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Finding Community Supports | <input type="checkbox"/> Meaningful Activity | <input type="checkbox"/> Safety Issues |
| <input type="checkbox"/> Other (Explain): _____ | | |
| _____ | | |
| Known Risks: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, select all that apply) | | |
| <input type="checkbox"/> Behavioural changes | <input type="checkbox"/> Family dynamics | <input type="checkbox"/> Losing their way/wandering |
| <input type="checkbox"/> Caregiver Fatigue/burn out | <input type="checkbox"/> Isolation | <input type="checkbox"/> Physical Safety |
| <input type="checkbox"/> Comorbid diagnosis | <input type="checkbox"/> Limited/no Support | <input type="checkbox"/> Self-neglect |
| <input type="checkbox"/> Environmental Concerns | <input type="checkbox"/> Living Alone | <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.

Revised September 2023