



FIRST LINK REFERRAL FORM

Steps to make a First Link Referral

- Ask individual and /or family member for permission to forward their name to the Alzheimer Society of Durham Region
- Fax, Phone or email the referral to our office

Alzheimer Society of Durham Region
419 King St. West Suite 207
Oshawa, ON L1J 2K5
905-576-2567 or 1-888-301-1106

Fax: 905-576-2033

This form is also available on our website at: www.alzheimerdurham.com

Please refer the following individual(s):

Person With Dementia: Name (or patient sticker): _____

Caregiver / Family Member Name: _____

Please Indicate Relationship: _____

Contact Name (if different) _____

Phone Number: _____ Can voice mail message be left? YES NO

Referring Individual: _____

Date of Referral: _____

Please indicate suggested response time for Family Support Staff to contact the attached referral:

- Immediate (within 3 business days) 1-2 weeks 3-4 weeks

Your link to services and support

- *Early Stage, Individual and Group Supports*
- *Education Workshops*
- *Information and Referral*

While three attempts will be made to initiate this First Link contact, families are encouraged to call us at anytime.

The Alzheimer Society of Durham Region adheres to professional standards for confidentiality for personal information in accordance with the Freedom of Information and Protection of Privacy Act.