First Link® Premier lien™

Alzheimer Society BRITISH COLUMBIA

First Link® Referral Form – Northern Interior, Skeena & Peace Region

Steps to make a First Link® referral

1. Ask individual for permission to forward their name to the Alzheimer Society of B.C.

   The Alzheimer Society of B.C. is committed to protecting the privacy and personal information of the people we provide services to. The information provided on this form will only be used to inform patients/clients and their families about programs and services that may be helpful to them. Personal medical information will only be used to match the patient/client with the most appropriate service and will be kept completely confidential and secure.

2. Forward referral information to: **Fax: 250-564-1642**

   To download a fillable PDF form, go to: www.alzheimerbc.org *(We Can Help- First Link-Making a Formal Referral)*

   To help us protect personal information, please **fax** rather than email referral forms**.**

Referral Date: _____

Your Information

Name _____ Organization/Agency _____

Phone _____ Fax _____ Email _____

Person with Dementia

Name _____ Gender Male ❑ Female ❑

Address _____ Date of Birth _____

City _____ Family Physician _____

Province _____ Postal Code _____ Diagnosis _____

Phone: _____ Diagnosis Date _____

Contact Person

Name _____ Relationship to person with dementia: _____

Address _____

City _____ Preferred Contact Time: _____

Province _____ Postal Code _____

Home Phone _____ Cell Phone _____ *Please note: initial contact will be made by phone.*

Business Phone _____

E-mail _____ OK to leave message? Yes ❑ No ❑

Period of Wait Time Preferred:

- ❑ Adjusting to diagnosis – minimum of 3 weeks
- ❑ Within 2 - 3 weeks
- ❑ Urgent

Comments _____

For more information: Phone: 250-645-2200 / 1-888-645-2288 Email: firstlink@alzheimerbc.org

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