

Steps to make First Link referral



1. Ask individual for permission to forward their name to the Alzheimer Society of Dufferin County.
2. Forward referral by Phone: 519-941-1221, fax: 519-941-1730, or Email: jennifermccallum@alzheimerdufferin.org

REFERRAL SOURCE INFORMATION

Date: _____

Name: _____ Organization/Agency: _____

Address: _____
Street City Province Postal Code

Phone: _____ Fax: _____ Email: _____

CLIENT INFORMATION: (Person with Dementia)

Name: _____ Phone: _____

Address: _____
Street City Province Postal Code

Date of Birth: _____ Health Card # _____ Gender: _____
Month/Day/ Year

Living arrangements: _____ Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Physician: _____ Family Physician: _____

FIRST CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____
Street City Province Postal Code

Email: _____ Alternate Phone: _____ May leave phone message: _____

Relationship to Person with Dementia: _____

SECOND CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____
Street City Province Postal Code

Email: _____ Alternate Phone: _____ May leave phone message: _____

Relationship to Person with Dementia: _____

Notes: _____

Alzheimer Society of Dufferin County
25 Centennial Road, Unit 1
Orangeville, Ontario, L9W1R1
Tel:519-941-1221 Fax: 519-941-1730 E-mail: info@alzheimerdufferin.org
Website:www.alzheimerdufferin.org
Charitable registration number: 88460-2129 RR0001