



First Link® Referral Form

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. http://alzheimer.ca/en/bc/privacy
- Forward referral information to: Fax: 604-238-7390 or toll-free 1-833-238-7390
 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.

Your Information	Referral Date:
Name	Organization/Agency
Phone Fax	Email
Person with Dementia (please	ensure City is completed so local contact can be made)
Name	Gender Male 🔲 Female 🔲
Address	
City	
Province Postal Code _	Diagnosis
Phone:	-
Contact Person (please ensure	City is completed so local contact can be made)
Name	Relationship to person with dementia:
Address	
City	Preferred Contact Time:
Province Postal Code	
Home Phone Cell F	Phone Please note: initial contact will be made
Business Phone	by phone.
E-mail	OK to leave message? Yes No
Comments	
It is our practice to call people with	in 1-3 weeks of referral date, unless otherwise requested.

For more information: Phone: 1-800-936-6033 / 604-681-8651 (Lower Mainland)

Email: firstlink@alzheimerbc.org