

## First Link® Referral Program

The First Link® Referral Program provides an opportunity for health care providers to refer a person with cognitive changes or a diagnosis of dementia and those who support them to the Alzheimer Society for information, support, and education.

**This is an electronically fillable form. Once completed, print form and fax to desired destination.**

**First Link® form is available at: <http://www.alzheimer.mb.ca/we-can-help/programs-and-services/first-link/>**

**Fax to: Please select one (1)**  Provincial Office – Winnipeg (204-942-5408)  
 Interlake/Eastern – Selkirk (204-942-5408)  South Central Office – Winkler (204-325-6496)  
 North Central Office – Portage la Prairie (204-239-0902)  South Eastman Office – Steinbach (204-326-5799)  
 Parkland Office – Dauphin (204-638-4493)  Westman Office – Brandon (204-726-1082)

**Referral date:** \_\_\_\_\_ **Consent received:**  Yes  No  
**Please contact:**  Person with dementia  Caregiver

<b>Person with dementia information:</b> Name: _____ <input type="checkbox"/> Person with cognitive changes <input type="checkbox"/> Diagnosed with dementia Person resides: <input type="checkbox"/> Alone <input type="checkbox"/> With a caregiver <input type="checkbox"/> In a residential facility Phone: _____	<b>Caregiver information:</b> Name: _____ <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Adult Child <input type="checkbox"/> Other, please specify: _____ (Home): _____ (Cell): _____ May leave a message: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Referral source (Required):**  
Name: \_\_\_\_\_ Clinic/Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Reason for Referral:

**Follow-up Request: Please select one (1)**  
Please provide a report in:  3 Months  6 months  no report requested

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Provincial Office  
10-120 Donald Street • Winnipeg, MB R3C 4G2 • Phone: 204-943-6622 • Fax: 204-942-5408 • [alzmb@alzheimer.mb.ca](mailto:alzmb@alzheimer.mb.ca)

Interlake/Eastern  
Region Office  
384 Eveline St.  
Selkirk, MB R1A 1N3  
PH: 204-268-4752  
FAX: 204-942-5408  
[alzne@alzheimer.mb.ca](mailto:alzne@alzheimer.mb.ca)

North Central  
Region Office  
218 Saskatchewan Ave. E.  
Portage la Prairie, MB R1N 0K9  
PH: 204-239-4898  
FAX: 204-239-0902  
[alznc@alzheimer.mb.ca](mailto:alznc@alzheimer.mb.ca)

Parkland  
Region Office  
118 Main St. N.  
Dauphin, MB R7N 1C2  
PH: 204-638-4483  
FAX: 204-638-4493  
[alzprk@alzheimer.mb.ca](mailto:alzprk@alzheimer.mb.ca)

South Central  
Region Office  
105 – 650 South Railway Ave.  
Winkler, MB R6W 0L6  
PH: 204-325-5634  
FAX: 204-325-6496  
[alzsc@alzheimer.mb.ca](mailto:alzsc@alzheimer.mb.ca)

South Eastman  
Region Office  
9A – 90 Brandt St.  
Steinbach, MB R5G 0T3  
PH: 204-326-5771  
FAX: 204-326-5799  
[alzse@alzheimer.mb.ca](mailto:alzse@alzheimer.mb.ca)

Westman  
Region Office  
Unit 4-B – 457 9th St.  
Brandon, MB R7A 1K2  
PH: 204-729-8320  
FAX: 204-726-1082  
[alzwm@alzheimer.mb.ca](mailto:alzwm@alzheimer.mb.ca)