

# Alzheimer Society

MANITOBA

Dementia Care & Brain Health

## First Link<sup>®</sup> Referral Program

The First Link<sup>®</sup> 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<sup>®</sup> 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)

<input type="checkbox"/> Interlake/Eastern – Selkirk (204-942-5408)	<input type="checkbox"/> South Central Office – Winkler (204-325-6496)
<input type="checkbox"/> North Central Office – Portage la Prairie (204-239-0902)	<input type="checkbox"/> South Eastman Office – Steinbach (204-326-5799)
<input type="checkbox"/> Parkland Office – Dauphin (204-638-4493)	<input type="checkbox"/> Westman Office – Brandon (204-726-1082)

**Referral date:** \_\_\_\_\_ **Consent received:**  Yes  No

**Please contact:**  Person with dementia  Caregiver

**Person with dementia information:**

Name: \_\_\_\_\_

Person with cognitive changes

Diagnosed with dementia

Person resides:

Alone  With a caregiver  In a residential facility

Phone: \_\_\_\_\_

**Caregiver information:**

Name: \_\_\_\_\_

Spouse/partner  Adult Child

Other, please specify: \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

May leave a message:  Yes  No

**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

The information contained in this transmission is confidential and intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that any distribution, copying, disclosure and use of, or reliance on, the comments of this transmission is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and permanently destroy the original message and all copies. Thank you.

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)