

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. Please fill out and fax completed referrals to the Alzheimer Society Provincial Office: 1-833-638-0760

Select one (1) preferred regional office:	Provincial Office – Winnipeg & Northern MB Residents
Interlake/Eastern Office – Selkirk	South Central Office – Winkler
☐ North Central Office – Portage la Prairie	South Eastman Office – Steinbach
Parkland Office – Dauphin	Westman Office – Brandon
Referral date:	Consent received:
Please contact: Person with dementia Caregiver	
Person with Dementia	Care Partner
Name:	Name:
Person with cognitive changes	Spouse/partner Adult Child
Diagnosed with dementia	Other (please specify)
Person resides:	Home Phone:
	Cell Phone:
Alone With a caregiver In a residential facility	Email:
Phone:	Home Address:
	City/Town:
	Postal Code:
	May leave voice 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 Alzheimer Society 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 persons with dementia and their families about dementia and the programs/services that may be helpful to them.

For more information, call 1-800-378-6699 or email support@alzheimer.mb.ca

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