

First Link® Referral Program

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

Select one (1) preferred regional office:

- Central Plains Office – Portage la Prairie
 Interlake/Eastern Office – Selkirk
 Parkland Office – Dauphin

- Provincial Office – Winnipeg & Northern MB residents
 South Central Office – Winkler
 South Eastman Office – Steinbach
 Westman Office – Brandon

Referral date: _____

Consent received: Yes No

Please contact: Person living with dementia

Care partner

Person living with dementia

Name: _____

Date of birth: _____

- Person with cognitive changes
 Probable dementia, diagnosis pending

Diagnosis (if known): _____

Date of diagnosis: _____

Phone: _____

Email: _____

Home Address: _____

City/Town: _____

Postal Code: _____

May leave voice message? Yes No

Care partner

Name: _____

Spouse/partner Adult Child

Other (please specify): _____

Home Phone: _____

Cell Phone: _____

Email: _____

Home Address: _____

City/Town: _____

Postal Code: _____

May leave voice message? Yes No

Preferred contact time Morning Afternoon

Reason for referral:

- Information/education
 Recently diagnosed
 Emotional support
 Changes in behaviour
 Safety concerns

- Living arrangement/transition support
 Finding community supports

Other (please specify): _____

Referral source (Required):

Name: _____

Phone: _____

Email: _____

Clinic/Agency: _____

Fax: _____

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