Alzheimer Society
WATERLOO WELLINGTON

First Link® Premier lien®

Kitchener: 831 Frederick Street N2B 2B4 - Tel: 519-742-1422 Fax: 519-742-1862
Guelph: 202-25 Wellington St. W. N1H 7T9 - Tel: 519-836-7672 Fax: 519-742-1862
Cambridge: 1145 Concession Road N3H 4L5 - Tel: 519-650-1628 Fax: 519-742-1862
alzheimerww.ca

Date of Referral:

Person with Dementia Name (probable or diagnosed):
(First name, Last name)

Diagnosis & Date of Diagnosis (if known):
Under Investigation ❑

Specify here:

Date of Birth (mm/dd/yy):

Address:

Telephone Number:

Can a voicemail message be left: ❑ Yes ❑ No

E-mail Address:

Preferred Language of Choice for Service: ❑ English ❑ French ❑ Other:

Care Partner Name:
(First name, Last name)

Relationship to above:

Date of Birth (mm/dd/yy):

Address: ❑ Same as above ❑ Other, please specify:

Telephone Number:

Can a voicemail message be left: ❑ Yes ❑ No

E-mail Address:

Preferred Language of Choice for Service ❑ English ❑ French ❑ Other:

Referral Source Name & Agency:

Address:
Phone: Fax:
Email:

I am referring: ❑ Person with Dementia ❑ Care Partner ❑ Both

Please contact: ❑ Person with Dementia ❑ Care Partner ❑ Both

Please only include OHIP of referred persons:
Person w/Dementia OHIP#:
Care Partner OHIP#:

I have received consent to refer ❑Yes ❑ No -*please note if you have not received consent we may not contact individuals*

Reason for Referral - please check all that apply:

☐ Minds in Motion®
☐ First Link® Care Navigation- *Navigating health care system & finding Community Supports*
☐ Enhancing Care Program
☐ MCI -Learning the Ropes

❑ Recently Diagnosed
❑ Living Arrangement/ Transition Support
❑ Emotional Support - Individual or Groups
❑ Information/Education
☐ Living Safely with Dementia
❑ Staying Socially/ Physically Engaged

Additional Notes/ Comments:

Known Risks: ❑ Yes ❑ No If yes, please select all that apply:

❑ Family dynamics ❑ Infectious diseases ❑ Infestation/Squalor ❑ Pets ❑ Physical Environment
❑ Recent hospitalizations ❑ Responsive behaviours ❑ Smoking ❑ Weapons ❑ Other:

Please send supplemental documentation as appropriate.