

YOUR LINK TO DEMENTIA SUPPORT

First Link[®]

Supporting people
affected by dementia
throughout the
dementia journey

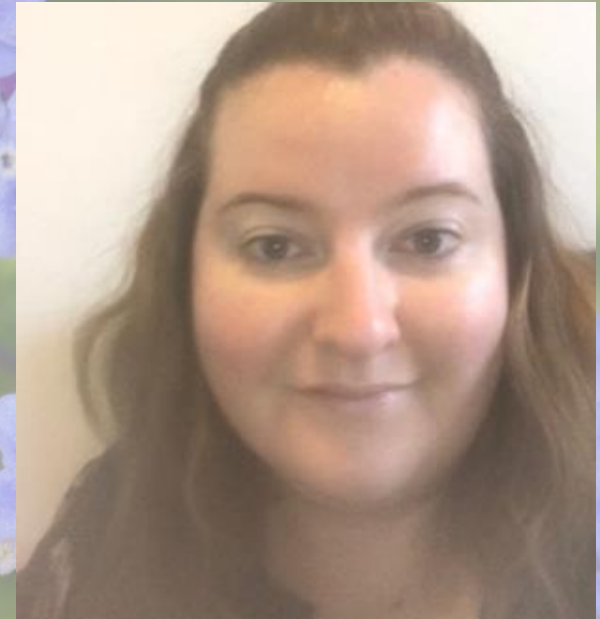


Alzheimer Society
BRITISH COLUMBIA

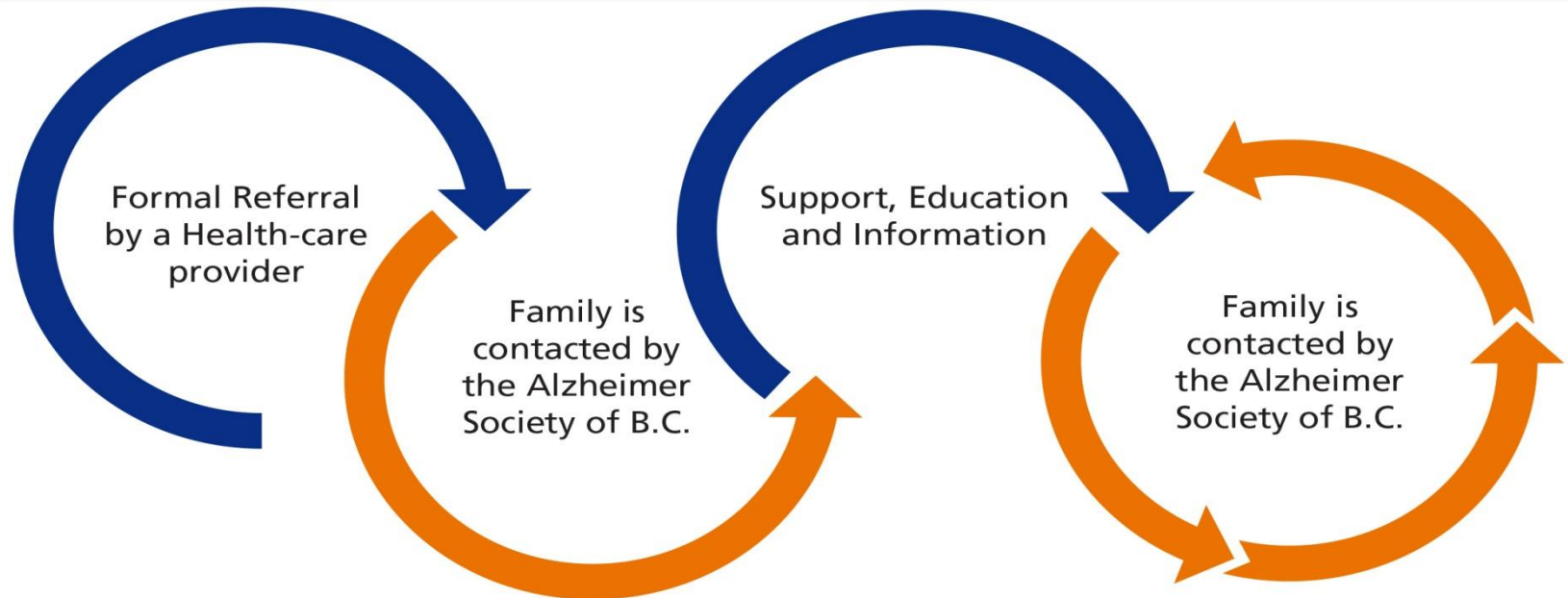
Victoria Wilson

Support and Education
Coordinator, First Link®

604-449-5004



How does First Link[®] work?



How to make a referral to First Link®

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First Link® Referral Form

Steps to make a First Link® referral

1. Ask individual for permission to forward their name to the Alzheimer Society of B.C.
The Alzheimer Society of B.C. 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 patients and their families about programs and services that may be helpful to them. Personal medical information will only be used to match the patient/client with the most appropriate service and will be kept completely confidential and secure. <https://alzheimer.ca/bc/en/about-us/about-our-organization/privacy-statement>
2. Forward referral information to: Fax: 604-238-7390 or toll-free 1-833-238-7390
To download a fillable PDF form, go to: www.alzheimerbc.org (search for "resources for healthcare providers")
To help us protect personal information, please fax rather than email referral forms.

Your Information Referral Date: _____

Referring Professional Name: _____
Organization _____ Role _____
Address _____
City _____ Postal Code _____
Phone _____ Fax _____ Email _____

Person Living with Dementia (please ensure City is completed so local contact can be made)

Name _____ Title (Mr. Ms. etc.) _____
Address _____ Date of Birth _____
City _____ Family Physician _____
Province _____ Postal Code _____ Diagnosis _____
Phone: _____ Diagnosis Date _____

Contact Person (please ensure City is completed so local contact can be made)

Name _____ Relationship to person with dementia: _____
Address _____
City _____ Preferred Contact Time: _____
Province _____ Postal Code _____
Home Phone _____ Initial contact will be made by phone
Alternate Phone _____ Cell Business
E-mail _____ OK to leave message? Yes No

Comments _____

It is our practice to call people within 1-3 weeks of referral date, unless otherwise requested.

For more information: Phone: 1-800-936-6033
Email: firstlink@alzheimerbc.org

November 2020

Referral form can be uploaded to EMR

- Permission
- Your information
(For confirmation)
- Client/patient information
- Primary contact
- Comments
- Contact time

How to find the referral form



← → ↻ [G | alzbc.org/refer](https://alzbc.org/refer)



Support

- One-on one support
- Support groups
- Minds in Motion®

Education

- On a variety of dementia-related topics
- Workshops and webinars
- On-demand content

Information

- Dementia Helpline
- Bulletins
- Website
- Community resources

Questions or concerns about
dementia or memory loss?



First Link[®]
DEMENTIA HELPLINE

Available Monday to Friday

English: 1-800-936-6033
9 a.m. to 8 p.m.

Cantonese or Mandarin: 1-833-674-5007
9 a.m. to 4 p.m.

Punjabi: 1-833-674-5003
9 a.m. to 4 p.m.

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