Alzheimer Society
SUDBURY-MANITOULIN NORTH BAY & DISTRICTS

First Link® Premier lien™

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Sudbury ON P3A 2T4
Tel: (705) 560-0603 Fax: (705) 560-6938
alzheimer.ca/en/sudburymanitoulin

1164 Devonshire Ave, Suite 200,
North Bay ON P1B 6X7
Tel: (705) 495-4342 Fax: (705) 495-0329
alzheimer.ca/en/sudburymanitoulin

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

I have received consent to refer ❑ Yes ❑ No

Reason for Referral

❑ Cognitive Assessment ❑ Emotional Support ❑ Information/Education ❑ Finding Community Supports
❑ Recently Diagnosed ❑ Changes in Behaviour ❑ Safety Concerns ❑ Staying Socially/Physically Engaged
❑ Living Arrangement/Transition Support ❑ Other/Specific Program, please specify:

Additional Notes:

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.