

## First Link® Referral Form – Greater Victoria

### 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/clients 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.*
2. Forward referral information by either  
Phone: 250-382-2033 Fax: 250-382-8108 Email: [epridham@alzheimerbcb.org](mailto:epridham@alzheimerbcb.org)

Referral Date: \_\_\_\_\_

### Your Information

Name \_\_\_\_\_ Organization/Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Person with Dementia

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ Family Physician \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Phone: \_\_\_\_\_ Diagnosis Date \_\_\_\_\_  
SARIN Client

### Contact Person

Name \_\_\_\_\_ Relationship to person with dementia: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Contact Time: \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Ok to leave message? Y or N

- Period of Wait Time Preferred:**  Adjusting to diagnosis – minimum of 3 weeks  
 Requesting support ASAP

### Comments

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