

First Link® Referral Form – North & Central Vancouver Island

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: 250-734-4171/1-888-734-4171 Fax : 250-734-4173 Email: tbiello@alzheimerbcc.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 _____

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 _____
