



Alzheimer Society of Calgary  
 Tel: 1-877-569-4357; 403-290-0110  
 Fax: 403-269-8836  
 info@alzheimercalgary.ca  
 Website: www.alzheimercalgary.ca

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|--|---|
| Working together<br>to link individuals<br>and families<br>affected by<br>Alzheimer's<br>disease or other<br>dementias to a<br>community of<br>learning, services,<br>and support. | Please refer: _____ to First Link®.<br>Date of Referral: _____ Approximate date of diagnosis: _____<br>Diagnosis (e.g. AD, VaD): _____<br>Contact Person: _____<br><small>(if different from above)</small><br>Relationship to the person with dementia: _____<br>Phone: _____ May leave message?: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Referred by: _____<br>Referring Clinic/PCN/Agency : _____<br>Address: _____<br>_____ Postal Code: _____<br>Phone: _____ email: _____ |
| Comments on the situation (other medical concerns; family situation; etc):<br><br><br>   |   |

**Statement of Consent/Signature**

I \_\_\_\_\_ (name) of \_\_\_\_\_ (city/town) authorize the above information to be shared with the Alzheimer Society of Calgary.

PWD or Caregiver Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**In lieu of written consent, was verbal consent received:**  Yes  No **Staff Initials:** \_\_\_\_\_

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