ALZHEIMER CALGARY
it's still me in here

First Link® Premier lien™

Referral Form

Ask individual for permission to refer them to the Alzheimer Calgary. Forward referral information to: **403-269-8836 (fax) or info@alzheimercalgary.ca (email)**

Referral Source

Date

NAME

ORGANIZATION

☐ Family clinic ☐ Home Care ☐ Seniors Health Clinic ☐ PCN (specify) _____

☐ Dementia Advice Line ☐ Acute Care ☐ Other (specify) _____

DESIGNATION

☐ Family Physician ☐ Geriatrician ☐ Psych Allied Health ☐ Nurse ☐ Nurse Practitioner ☐ Social Worker ☐ Other _____

PHONE

FAX

EMAIL

ADDRESS

CITY/TOWN

POSTAL CODE

Who should we contact?

☐ PLWD ☐ Caregiver CONTACT ☐ Urgent ☐ Not Urgent OKAY TO LEAVE MESSAGE? ☐ Yes ☐ No

Person Living with Dementia (PLWD)

NAME

IDENTIFIES AS:

☐ Male ☐ Female ☐ Transgender ☐ Non Binary ☐ Prefer not to disclose

CITY/TOWN

PROVINCE

DIAGNOSIS (EX: AD, VAD)

DIAGNOSIS DATE

Caregiver

NAME:

IDENTIFIES AS:

☐ Male ☐ Female ☐ Transgender ☐ Non Binary ☐ Prefer not to disclose

CITY/TOWN

PROVINCE

POSTAL CODE

RELATIONSHIP TO PERSON WITH DEMENTIA

EMAIL

HOME PHONE

CELL PHONE

BUS. PHONE

Comments

CONSENT DISCUSSED

☐ Yes ☐ No

SIGNATURE OF CONSENT (OPTIONAL)

To download a fillable PDF form, go to: https://www.alzheimercalgary.ca
Please call (403) 290-0110 or Toll-Free: 1-877-569-HELP (4357) for more information.