

## First Link® Referral Form



*Please assist us by including Best Daytime phone #  
AND whether a message may be left. Thank you!*

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

**Location & Fax #:**

BRANTFORD 519-759-8353   
  DUNNVILLE 905-229-2038   
  SIMCOE 519-428-2968   
  HAGERSVILLE 905-768-1034   
  HAMILTON 905-529-3787   
  HALTON 905-681-7783 *NEW Aug 29/16*

**Referral Source Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Agency/Hospital/ER: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

**Client Information (person with dementia): Please include best daytime phone #**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Living Alone:  Yes  No  Retirement Home    Male  Female  Preferred language: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_  
 (Dementia, Alzheimer's disease, Vascular, FTD, MCI, other)

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Contact Person Information (\*If different than above) Please include best daytime phone #**

Name: \_\_\_\_\_ Best Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code 2nd Phone # \_\_\_\_\_

Email: \_\_\_\_\_  Male  Female  *May a message be left?*  Yes  No

Relationship to person with dementia:  Spouse  Child Other: \_\_\_\_\_

**Reason for referral:**  Education  Counselling  Intensive Case Management (Burlington & Brantford only)  
 BSO Responsive Behaviour Specialist -Retirement Homes (Hamilton & Burlington only)

**Comments:**

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