Alzheimer Society

манітова 🗳 Dementia Care & Brain Health

First Link[®] Referral Program

The First Link[®] Referral Program provides an opportunity for health care providers to refer a person with cognitive changes or a diagnosis of dementia and those who support them to the Alzheimer Society for information, support, and education. *This is an electronically fillable form. Once completed, print form and fax to desired destination. First Link[®] form available at: www.alzheimer.mb.ca/firstlink.html*

Fax to: Please select one (1)	Provincial Office – Winnipeg (204-942-5408)
Westman Office – Brandon (204-726-1082)	South Central Office – Winkler (204-325-6496)
🗌 NEMan Office – Beausejour (204-268-4799)	North Central Office – Portage la Prairie (204-239-0902)
Referral date:	Consent received: Yes No
Please contact: Person with dementia	Caregiver/contact
Person with dementia information:	Caregiver/Contact information:
Name:	Name:
Person with cognitive changes	Spouse/partner Family member Friend
Diagnosed with dementia	Phone: Home:
Person resides with:	Work:
Alone With a caregiver In a residential facility	Cell:
Phone:	May leave a message: Yes No
Referral source:	
Name:	Clinic/Agency:
Phone:	Fax:
Email (optional):	

Reason for Referral: (optional)

Follow-up Request: Please select one (1)

Please provide a report in: 3 Months 6 months no report requested

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