

## Client Referral Form

### Steps to make a First Link Referral:

1. Ask for permission to forward individual's name to the Alzheimer Society of York Region.
  2. Complete form and forward to **Sara MacLean**, First Link Coordinator.  
 Forms can be sent by **fax** to **905-726-1917** OR by **e-mail** to [smaclean@alzheimer-york.com](mailto:smaclean@alzheimer-york.com)  
 OR by **mail** to Alzheimer Society of York Region, 2-240 Edward Street, Aurora, ON, L4G 3S9.
- If you have any questions or concerns, please contact Sara at 905-726-3477 ext. 235.

### Client/Person with Impairment (PWI) Info:

Full Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address: _____	Date of Birth: _____
City: _____	Primary Language: _____
Postal Code: _____	Family Doctor: _____
Phone: _____	Diagnosis: _____
Lives w/ Primary Caregiver?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Diagnosis: _____

### Caregiver Info:

Full Name: _____	Relationship to Client: _____
Address: _____	Primary Language: _____
City: _____	Primary Phone: _____
Postal Code: _____	Secondary Phone: _____
Email: _____	

### First Link Follow Up:

Preferred Contact Person: _____	Urgent contact requested?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Contact Method: _____	Can message be left?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Contact Time: _____	

### Referred By:

Name: _____	Phone: _____
Agency: _____	Fax: _____
Date: _____	Email: _____

### Additional Information:

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