

REFERRAL FORM

Steps to make a First Link referral

1. Ask individual for permission to forward their name to the Alzheimer Society of Toronto
2. Forward referral information by either

phone: 416-640-6317

fax: 416-322-6656

email: firstlink@alheimertoronto.org

online: www.asmt.org/firstLinkReferralFormOnline.htm

Please refer the following individual to First Link

Client/Patient Name _____

Contact Name _____

Relationship with client/patient:

Family member _____ (relationship)

Other _____ (please state)

To be contacted immediately other

Daytime phone number _____

Comments _____

Referred by _____

Organization _____

Phone number _____