

MAKING A REFERRAL TO **First Link®**

“Working together to link individuals and families affected by Alzheimer’s disease or a related dementia to a community of learning, services and support.”

- **Referrals** from physicians, health professionals and community organizations
- **Proactive contact** with individuals and families
- **Connections to:**
 - **LEARNING** - Dementia education programs offering information about diagnosis and disease progression, day-to-day living, positive approaches to care, strategies for managing challenges and how to prepare for the future
 - **SERVICES** - Alzheimer Society programs and services, and information about other community and health care services
 - **SUPPORT** - support groups and opportunities for individual support
- **Planned follow up** at minimum 6, 12, and 18 months.

Who to refer to *First Link*®?

- Individuals with a diagnosis of Alzheimer’s disease or a related dementia
- Caregivers
- Family members

When to refer?

- As soon as a diagnosis is made
- At any other time in the dementia journey

Why refer?

- It is often difficult for individuals and families to ask for help
- Information and support will help patients and families cope with more confidence
- Planning for the future is critical
- There are community and health care services that families need to know about
- With knowledge and skills, people are able to maintain quality of life while living with dementia

Who can make a referral?

- Physicians
- Health Care professionals
- Community organizations working with individuals and families affected by dementia

How to refer?

Ask the individual or family member for permission to forward their name to First Link[®].

Physicians can easily refer with the First Link[®] referral pad. The lower portion of the form is given to the patient or family member; the top portion is sent to First Link[®].

Health Care Professionals and Community Organizations complete a one-page referral form that is faxed to First Link[®] toll free 1-866-746-1507 or emailed to firstlinkreferral@alzheimer.sk.ca

What happens when *First Link*[®] receives the referral?

Individuals or family members will receive:

- A phone call from the First Link[®] Coordinator within the time frame indicated on the referral form.
- An information package specific to their needs
- Contact Information for community and health care services that may be helpful
- Follow up contact at minimum 6, 12, and 18 months.

First Link[®] will send a confirmation to each referring professional when contact has been made with the individual or family.

For more information and for referral packages, contact:

PROVINCIAL OFFICE
Alzheimer Society of Saskatchewan
301-2550-12th Avenue
Regina, SK S4P 3X1
(306) 949-4141 or 1-800-263-3367
E-mail: firstlinkreferral@alzheimer.sk.ca

First Link

**Working together to link individuals and families
affected by Alzheimer's disease or a related dementia
to a community of learning, services and support**

Benefits to Specialists, Physicians and other Health Care Professionals

- By working together, Health Care Professionals can focus on the medical aspects of dementia care and Alzheimer Society staff can provide ongoing support, education and help in navigating the health care system.
- Alzheimer Society staff does not provide medical advice.
- This partnership provides a holistic approach to care, and may result in fewer unplanned visits to their physicians or medical facilities.

Benefits to Patients

- Early access to information, services and support.
- Ongoing support throughout the continuum of the disease.
- Helps to reduce the overall incidence and intensity of caregiving crisis situations.
- Caregivers report they are more knowledgeable about the progression of the disease, and are more confident in their caregiving role.
- Early intervention provides an opportunity for people with dementia to have a voice in planning for their own care while they are still able to do so.

Benefits to the Health System

- Patients are connected to services at a local level for a more community-based, integrated continuum of care.
- Research shows that families benefitting from early intervention through education, support and counselling will delay placement in a long term care setting, resulting in significant savings for the health care system.

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Alzheimer Society

S A S K A T C H E W A N

First Link® Direct Referral Form

Forward this form by fax 1-866-746-1507 or email: firstlinkreferral@alzheimer.sk.ca

Ask the person for consent to forward their name(s) to the Alzheimer Society of Saskatchewan.

Referral for: Person with Dementia Caregiver / Family Member / Support Person Both

Contact (Select One) in: 2-5 days 2 weeks 3 weeks 4 weeks

Referral Source – Name & Clinic / Agency	Address, Phone, Fax & Email
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Person with Dementia – Name: _____

Date of Birth (MM/DD/YY): _____ Date of Diagnosis (MM/DD/YY): _____

Diagnosis: Alzheimer's Disease Dementia with Lewy Bodies Frontotemporal Dementia
 Mild Cognitive Impairment Mixed Dementia Vascular Dementia
 Currently Being Assessed Without Diagnosis Other: _____

Address: _____

Phone: _____ May leave a voicemail message: No Yes

Caregiver / Family Member / Support Person – Name: _____

Relationship to PWD: _____ Email: _____

Address: _____

Phone: _____ May leave a voicemail message: No Yes

Reason for Referral:

<input type="checkbox"/> Finding Community Supports	<input type="checkbox"/> Changes in Behaviour	<input type="checkbox"/> Emotional Support
<input type="checkbox"/> Meaningful Activity	<input type="checkbox"/> Information/Education	<input type="checkbox"/> Living Situation / Transition
<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Recent Diagnosis	<input type="checkbox"/> Safety Issues
	<input type="checkbox"/> Other (Explain): _____	

Known Risks: No Yes (If yes, select all that apply)

<input type="checkbox"/> Caregiver Fatigue	<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Family dynamics
<input type="checkbox"/> Isolation	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Losing their way/wandering
<input type="checkbox"/> No Support	<input type="checkbox"/> Physical Risk	<input type="checkbox"/> Responsive Behaviours
<input type="checkbox"/> Self-neglect	<input type="checkbox"/> Other (Explain): _____	

The Alzheimer Society of Saskatchewan is committed to protecting the privacy and personal information of the people we serve. The information provided will only be used to ensure the person(s) being referred will receive the best possible service and to inform the person(s) about activities of the Society, including programs and services, special events and opportunities to support our organization.