Brain Care Centre®
Defy Limitations!

#229 Royal Alex Place, 10106 - 111 Avenue, Edmonton, Alberta T5G 0B4
Tel. (780) 477-7575 Fax (780) 474-4415 www.braincarecentre.com

Referral for Brain Care Centre (BCC) Services

Individual with Brain Injury Information

Name	Date of Birth	Health Care Number

Address – Please note if this is a facility or group home	City/Province	Postal Code

Phone – Home	Phone – Cell	Email

Special considerations when contacting (e.g. prefers email, works full-time, ESL, has expressive speech delay, aphasia or other communication difficulties).	Have you ever been a BCC, NABIS (Northern AB Brain Injury Society) or EBIRS (Edmonton Brain Injury Relearning Society) client before? ☐ Yes ☐ No

Alternate Contact Name	Relationship	Phone	Comments

Alternative Decision-Making Information (if applicable)

Guardian ☐ Private ☐ Co-Decision Making ☐ Supported Decision Making ☐ Public	Guardian Name
	Phone
Trustee (Do you make your own financial decisions?) ☐ Private ☐ Public	Trustee Name
	Phone
Other (Enduring Power of Attorney, Personal Directive)	Name
	Phone

Is the individual eligible for support through Persons with Developmental Disabilities (PDD)? Please circle:

Yes No

If yes, the person is not eligible for BCC services and may apply for supports exclusively through PDD.

History of Brain Injury

Date of Incident	Type of Injury	Severity of Injury (For mild injuries please use "Referral for Post-Concussion Services" form)

Event Description	
Hospital of Admission	Rehabilitation Supports Received

Community/Social Support

List any services/supports currently in place (e.g. Homecare, housing subsidy, financial assistance, etc.)
Please comment on family and/or natural supports

Medical Support

Family Doctor	Phone	Fax	Email
Medical Practitioner/Specialty	Phone	Fax	Email
Please comment on any other medical or health concerns (**e.g. diabetes, heart condition, seizures, mental illness, etc.)**			

Is there a history of: ☐ Substance use	If any of these boxes are checked, further information ***must*** be provided. Attach additional documents if required.*
☐ Criminal charges	
☐ Violent behaviour	

*This information is collected to ensure the safety of our staff and the best outcome for our clients.

Required Support

Reason for referral

Before an individual is eligible for service, **BCC requires medical documentation of the brain injury**. This can include (but is not limited to): a neuropsychological assessment, discharge summary, CT scan or MRI with interpretation of results, diagnosis from medical doctor, rehabilitation reports, etc. Please note if you are not able to provide medical documentation and will need assistance obtaining it:

Referral Completed By	Date	Relationship (if not a self-referral)
Phone	Fax	Email

Mail to address at the top of the form, fax to **780-474-4415 (attention: New Referral)**, or email **info@braincarecentre.com**
By submitting this form you agree that we may keep confidential and secure files with your information, both in paper form and in electronic form on a secure database.

All areas of referral form **must** be completed or the referral will be deemed incomplete and sent back to the referral source.