

## Referral for Brain Care Centre (BCC) Services

### Individual with Acquired Brain Injury\* Information

(\*acquired brain injury means damage to the brain which occurs after birth and is not related to congenital or degenerative disease)

First Name	Last Name	Date of Birth	
Address- Please note if this is a facility or group home			
City	Province	Postal Code	
Phone - Home	Phone- Cell	Health Care Number	
Email			
Special considerations when contacting (e.g. prefers email, works full-time, ESL, has expressive speech delay, aphasia or other communication difficulties, best person to contact, etc.)			
Alternate Contact Name	Relationship	Phone	Comments
Have you ever been a BCC, NABIS (Northern AB Brain Injury Society) or EBIRS (Edmonton Brain Injury Relearning Society) client before?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### Alternative Decision-Making Information (if applicable)

Guardian <input type="checkbox"/> Private <input type="checkbox"/> Co-Decision Making <input type="checkbox"/> Supported Decision Making <input type="checkbox"/> Public	Guardian Name
	Phone
Trustee (Do you make your own financial decisions?) <input type="checkbox"/> Private <input type="checkbox"/> Public	Trustee Name
	Phone
Other (Enduring Power of Attorney, Personal Directive)	Name
	Phone

### Is the individual PDD funded?

- Yes  
 No

**If yes, person is *not* eligible for Brain Care Centre services.**

### History of Acquired Brain Injury\*

(\*acquired brain injury means damage to the brain which occurs after birth and is not related to congenital or degenerative disease)

Date of Incident	Severity of Injury (For mild injuries please use "Referral for Post-Concussion Services" form)
Event Description	Type of Injury (i.e., stroke, tumor, hematoma, etc.)
Hospital of Admission and dates if known	Rehabilitation Supports Received and dates if known

### Community/Social Support

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

### Medical Support

Family Doctor	Phone	Fax	Email
Medical Practitioner/Specialty	Phone	Fax	Email
Other Medical Specialist	Phone	Fax	Email
Please comment on any other medical or health concerns (e.g. diabetes, heart condition, seizures, mental health conditions, etc.)			
Is there a history of:	If any of these boxes are checked, further information <b>must</b> be provided. Attach additional documents if required**		
<input type="checkbox"/> Substance use			
<input type="checkbox"/> Criminal charges			
<input type="checkbox"/> Violent behaviour			

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

### Required Support

Please indicate supports/services required

### Medical Documentation of Acquired Brain Injury

Before an individual is eligible for service, **BCC requires medical documentation of the acquired brain injury.** As Brain Care Centre does not have access to NetCare, please send medical documentation on file. 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.

- Attached
- Need assistance obtaining medical documentation\*\*\*

*\*\*\*Please note hospital(s) admission(s)/specialist(s) name and contact information/family doctor and contact information if you are not able to provide medical documentation and will need assistance obtaining it:*

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

Mail to address at the top of the form, fax to **780-474-4415 (attention: New Referral)**, or email [info@braincarecentre.com](mailto:info@braincarecentre.com)

All areas of referral form **must** be completed or the referral will be deemed incomplete and sent back to the referral source. Referrals and medical documentation will be kept for 1 year after which it will be confidentially destroyed if no follow through or contact.

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.