



Referral for Brain Care Centre's Caregiver Program
A completed referral form is required for all new referrals.

Caregiver Information

First Name	Last Name	Date of Birth
Address	City/Province	Postal Code
Phone - Home	Cell	Health Care Number
Email		
Emergency/Family/Other	Phone (Home) (Cell)	Comments

History of Individual with Brain Injury

Name of individual with Injury	Date of Birth	Relationship to individual with 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 Admission		
Living Situation	Other Comments	

Caregiver Medical Information

Please comment on any other medical or health concerns (e.g. diabetes, heart condition, seizures, mental health, etc.)	
Are you receiving other supports in the community, including counsellors, psychologist, or other mental health professionals?	
Do you have a history of:	If any of these boxes are checked, further information must be provided. Attach additional documents if required.*
<input type="checkbox"/> Substance use	
<input type="checkbox"/> Criminal charges	
<input type="checkbox"/> Violent behaviour	
<input type="checkbox"/> Mental illness	

Service Plan

Reason for referral – <input type="checkbox"/> Caregiver Support Group <input type="checkbox"/> Individual Supports <input type="checkbox"/> Both
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Referral Completed By	Date	Relationship (if not a self-referral)
Phone	Fax	Email

Mail to address at the top of the form or fax referrals to 780-474-4415
Attention: Caregivers 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.