Brain Care Centre®
Defy Limitations!

11209 - 86 Street NW Edmonton, AB, T5B 3H7
Tel. (780) 477-7575 Fax (780) 474-4415
www.braincarecentre.com

Referral for Brain Care Centre's Mod-to-Severe 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	Phone - Cell	Health Care Number
Email		
Emergency/Family/Other	Emergency Phone (Home) (Cell)	Comments

History of Individual with Brain Injury

Relationship to individual with brain injury	Type of Injury
Is the individual a Brain Care Centre Client? ☐ Yes ☐ No	If yes, Name of Client
Living Situation (eg. independent, care facility, family dependent, etc.)	Other Comments

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Caregiver Medical Information

Please comment on any medical or health concerns (e.g. diabetes, heart condition, seizures, mental health, etc.)
Are you receiving other mental health supports in the community, including counsellors, psychologists, or other mental health professionals?

Service Plan

Challenges you are facing as a caregiver	What services are you interested in? ☐ 1:1 Counselling ☐ Caregiver Support Group ☐ Both

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

Submit completed referrals to info@braincarecentre.com,
mail to address at the top of the form, or fax referrals to 780-474-4415
Attention: Caregivers New Referral

By submitting this form, you agree that we will keep confidential and secure files with your information, both in paper form and in electronic form on a secure database.