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.

Is the individual PDD funded?

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

☐ No

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?

☐ Yes

☐ No

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

History of Acquired Brain Injury*

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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/Speciality	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: ☐ 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

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 bottom of the form, fax to **780-474-4415 (attention: New Referral)**, or email **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.