fraserhealth

Request for Acquired Brain Injury Services

Patient Reviewed

Acquired Brain Injury Services: 201-9440 202 Street, Langley, BC V1M 4A6 Intake: 604-514-7460 Fax: 604-528-5454

Please send completed referral form via mail or fax.

A. Your Information

Last Name:	First Name:	Preferred Name:
Date of Birth (dd/mm/yy):	Personal Health Number:	Preferred Language:

Pronouns: ☐ He/His/Him ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other, please specify: _____

Gender: ☐ Male ☐ Female ☐ Identify As:_____

Address (City, Province, Postal Code):

Main Phone Number:	Alternative Phone Number:	Email:
Other Person to Contact:	Relationship:	Phone Number:
Primary Health Care Provider Name:	Professional Title:	Phone Number:

Do you wish to identify as an Aboriginal / Indigenous person? ☐ Yes ☐ No ☐ Prefer not to answer

If **yes**, select **ALL** that apply:

☐ First Nations ☐ Inuit ☐ Metis ☐ Status Non-Status ☐ Other, please specify:_____

Citizenship Status:

☐ Canadian Citizen ☐ Landed Immigrant ☐ Sponsored Immigrant ☐ Refugee Status ☐ VISA Permit

☐ Other, please specify _____

B. Who helped you with this referral?

☐ No one ☐ Family or Friends ☐ Doctor ☐ Nurse Practitioner ☐ Other, please specify: _____

Referring Person Name:	Relationship:	Phone Number:

C. About your brain injury

Date of Injury:	Which hospital or clinic did you attend, if any?

Is this injury from:

☐ Motor Vehicle Accident ☐ Work-Related Injury ☐ Victim of Crime ☐ Other, please specify: _____

Type of Brain Injury:

☐ Anoxia or Hypoxia (lack of oxygen)

☐ Traumatic Brain Injury (bump, hit or jolt to the head)

☐ Stroke

☐ Tumour (Abnormal growth)

☐ Infection

☐ Other /Unknown _____

Version: B

Date: January 15, 2024

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Request for Acquired Brain Injury Services Cont'd

D. About you

Current living environment:

☐ Alone ☐ With family ☐ With friends ☐ Other _____

I am having trouble with the following daily activities:

☐ Getting dressed ☐ Showering ☐ Using the toilet ☐ Completing household duties ☐ Focussing ☐ Sleeping

☐ Managing money ☐ Paying Bills ☐ Shopping ☐ Getting around the community ☐ Watching television

☐ Other, please specify:

_____

_____

_____

How long have you had these difficulties with these activities?

_____

_____

_____

I have the following types of support:

Is there anything else you would like us to know?

Client Signature:

Date the form was completed:

Any questions please contact our Intake line at 604-514-7460