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| **A. Your Information** |
| Last Name:      | First Name:      | Preferred Name:      |
| Date of Birth (dd/mm/yyyy):      | Personal Health Number:      | Preferred Language:      |
| Address:       | City, Province:      | Postal Code:       |
| Main Phone Number:      | Alternative Phone Number:      | Email:      |
| Other Person to Contact:      | Relationship:      | Phone Number:      |
| Primary Health Care Provider (Doctor, Nurse Practitioner):      | Phone Number:       |
| Pronouns: [ ]  He/His/Him [ ]  She/Her/Hers [ ]  They/Them/Theirs [ ]  Other, please specify        |
| Gender:[ ]  Male [ ]  Female [ ]  Non-Binary [ ]  Other, please specify       |
| 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?** |
| [ ]  Myself [ ]  Family/Friends [ ]  Doctor [ ]  Nurse Practitioner [ ]  Other |
| Referring Person Name:      | Relationship:      | Phone Number:      |
| **C. About your brain injury** |
| Date of Injury:      |
| Which hospital 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/Hypoxia (lack of oxygen) [ ]  Traumatic Brain Injury (bump, hit or jolt to the head) [ ]  Stroke [ ]  Tumour (Abnormal growth) [ ]  Infection [ ]  Other       |

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| **D. About you** |
| **Current living environment:**[ ]  Alone [ ]  With Family [ ]  With Friends [ ]  Other       |
| **I am having trouble with the following daily activities:**[ ]  Getting around the community [ ]  Budgeting [ ]  Shopping [ ]  Taking a shower[ ]  Completing household duties [ ]  Paying Bills [ ]  Getting dressed [ ]  Going to the washroom [ ]  Speaking to others [ ]  Other       |
| **I have the following support:**  |
| **Is there anything else you would like us to know?** |