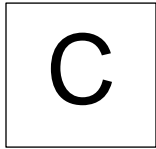




NANAIMO BRAIN INJURY SOCIETY
awareness • support • connection

Community Navigator Program

for acquired brain injury inc. stroke & family caregivers



REFERRAL & CONSENT FORM (COMMUNITY)

The Community Navigator Program helps peopled affected by acquired brain injury including stroke, and their caregivers by providing follow up in the community to help navigate toward community services and resources that can help maximize independence after the brain injury.

To refer a client, please complete this form and return it by FAX at **250-753-5607** or by e-mail to: mick@nbis.ca

Name: _____

Phone: _____ Email: _____

City: _____

Emergency Contact & Relationship: _____

Phone (if different than above): _____

- stroke (CVA)
- acquired brain injury (ABI) – other
- traumatic brain injury (TBI)
- mild traumatic brain injury (MTBI) - concussion

Referral made by:

- Self
- Family Practice
- Mental Health
- Home & Community Care
- Family Caregiver
- Community Agency: (_____)
- Other: (_____)

Name of Person Referring: _____ Phone: _____

Date of Referral: _____

CLIENT CONSENT

Client consents for referral to the Community Navigator Program Yes No

Client Signature: _____ Date: _____

Comments:



United Way
Central & Northern
Vancouver Island

