ALBERTA BRAIN INJURY NETWORK (ABIN) REFERRAL FORM

CLIENT NAME	**DATE OF BIRTH:** (YYYY-MM-DD)	**INCOME SOURCE(S)**
PRIMARY PHONE	**HOME ADDRESS**	
EMAIL ADDRESS	**SEX** ☐Male, ☐ Female, ☐ Trans, ☐ Other	**MARITAL STATUS**
PREFERRED PRONOUNS ☐He/Him, ☐ She/Her, ☐ They/Them	**DO YOU IDENTIFY AS:** ☐ First Nations, ☐ Metis, ☐ Inuit, ☐ Two-Spirit, ☐ Not Applicable	
GUARDIAN: (if applicable)	**PHONE:**	
ARE THERE ANY SPECIAL INSTRUCTIONS FOR CONTACTING YOU? (e.g. preferred Contact Method: e.g. phone, text, e-mail)		
REASON FOR REFERRAL: (how can we help you? e.g. client goals/needs, etc.)		
DATE OF ACQUIRED BRAIN INJURY:	**CAUSE OF ACQUIRED BRAIN INJURY:**	
SUMMARY OF WHERE CLIENT IS AT: (what referrals have been made, dates of hospital admission, services ending soon, etc.)		
PROOF OF BRAIN INJURY: Acquired brain injury supporting documentation, from a professional with designation in their field, is required before we are able to complete the referral process (e.g. physician, speech pathologist, nurse practitioner). Please attach a copy of this medical record along with the completed referral form.		
ADDITIONAL INFORMATION THAT MAY AFFECT SERVICE DELIVERY: (behavioral history, personality changes, safety concerns: e.g. access to firearms, alcohol/drug concerns, physical health concerns, mental health concerns, etc.)		
REFERRING INDIVIDUAL:	**PHONE:**	
REFERRING AGENCY: (if applicable)	**DATE:**	

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PLEASE FAX (403-342-5684), OR EMAIL (ABIN@REDDEER.CMHA.AB.CA) REFERRAL FORM

VALID IDENTIFICATION (e.g., Government-Issued ID, Driver's License, Passport, or Alberta Health Care Card) is required before starting services