



# REFERRAL FORM

The Brain Injury Association of Durham (BIAD) aims to enrich the lives of people affected by Acquired Brain Injury (ABI) in Durham Region. Through our free Day Program and individual one-on-one services, we support people living with brain injuries, their families, caregivers and Durham community.

## REFERRAL SOURCE

Name: \_\_\_\_\_ Profession / Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Organization: \_\_\_\_\_  
Fax: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_  
Email: \_\_\_\_\_ Date of referral: \_\_\_\_\_  
Do you want us to follow-up with you? Yes  No

## PARTICIPANT INFORMATION

*Please fill out, or attach, as much information as possible about the person (participant) you are referring.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Can you tell us anything about the person's brain injury?

\_\_\_\_\_  
\_\_\_\_\_

Does the person know you have made a referral to BIAD? Yes  No

**Brain Injury Association of Durham**  
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