



REFERRAL FORM

Tel: 905-723-2732, Fax: 905-723-4936

Email: intake@biad.ca

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 one-on-one services, we support people living with brain injuries, their care partners & community.

REFERRAL SOURCE

Name:	_____	Profession / Title:	_____
Tel:	_____	Organization:	_____
Fax:	_____	How did you hear of us?	_____
Email:	_____	Date of referral:	_____
		<small>(YYYY/MM/DD)</small>	
Do you want us to follow-up with you?		Yes	<input type="checkbox"/> No <input type="checkbox"/>

PARTICIPANT INFORMATION

Please fill out, or attach, as much information as possible about the individual you are referring.

Name:	_____	Date of Birth:	_____
		<small>(YYYY/MM/DD)</small>	
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

For Office Use Only

Client #	_____	Staff	_____	(YYYY/MM/DD)	_____
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