North Simcoe Muskoka Acquired Brain Injury Collaborative
www.abicollaborative.ca

NSM ABIC PROFESSIONAL REFERRAL FORM

North Simcoe Muskoka (NSM) Acquired Brain Injury (ABI) Collaborative is a partnership between Ontario Health at Home (OHaH), York Simcoe Brain Injury Services (a partner program of Mackenzie Health and March of Dimes Canada), Brain Injury Services Muskoka Simcoe, and March of Dimes Canada.

Please pick ONE agency to start. We will ensure access to other agencies is coordinated. If you **require assistance** with choosing the agency to start or feel more than one agency is required, fax to **ABI System Navigator at 705-734-1598 or call 705-734-2178 ext 228** **FAX NUMBERS** - OHaH FAX: (705) 792-6270 -Brain Injury Services Muskoka Simcoe FAX: (705) 734-1598 - York Simcoe Brain Injury Services FAX: (905) 773-5176 - March of Dimes Canada FAX: (905) 773-5176

Destination:	**Fax:**

To access Ontario Health at Home services (OT, PT, SLP, NSG, DT, PSW) please 1-888-721-2222

SECTION 1: DEMOGRAPHICS

Name:	**Date of Birth:** (dd/mm/yyyy)	**Legal Gender:** ☐ M ☐ F ☐ X
Address:		**Preferred Pronoun:**
Health Card No.:	**Version Code:**	**Phone:**

Alternate Contact Information (next of kin, emergency):

Name: Phone:

Diagnosis:	☐ MVA	☐ Aneurysm	☐ Stroke	**Date of Injury:** (dd/mm/yyyy)
	☐ Fall	☐ Meningitis/Encephalitis	☐ Other:	

Secondary Diagnosis: (e.g., diabetes, mental health)

SECTION 2: REFERRAL Please check ONE agency

☐ **York Simcoe Brain Injury Services:**

- In-home clinical services to support coping and adjusting to emotional and behavioral changes
- Case management
- Home and Community Rehabilitation supports

☐ **Brain Injury Services Muskoka Simcoe:**

- Adult Day Services
- Individual Rehabilitation Supports
- Educational Groups to develop skills and support independence

☐ **March of Dimes Canada**

- Weekly adult group activities promote Peer Support and offer opportunities to learn beneficial coping strategies
- Supported Life Skill Retreats, Day Trips and Social Opportunities
- Youth Groups and Programs

Describe the reason for referral:

SECTION 3: CONSENT INFORMATION

- Applicant agrees with this referral and the sharing of any supporting documentation amongst the partner agencies listed above for the purpose of processing this referral ☐ Yes ☐ No
- Supporting documents attached? ☐ Yes ☐ No
- Consent provided by ☐ Applicant ☐ Authorized Substitute Decision Maker (SDM.)
- Name of consent source if different than client: Name: _____

Phone: _____ Relationship to applicant: _____

SECTION 4: REFERRAL SOURCE / FORM COMPLETED BY

Agency Name:	Professional's Name:	
Phone:	Date:	Signature:

Ontario Mackenzie Health BIS Brain Injury Services MARCH OF DIMES CANADA LA MARCHE DES DIX SOUS DU CANADA