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 atHome, 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. We will ensure that access to other agencies is coordinated. If you **require assistance** in choosing an agency 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: - Ontario Health atHome 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 atHome services (OT, PT, SLP, NSG, DT, PSW) please call 1-888-721-2222

SECTION 1: DEMOGRAPHICS

Name:	**Date of Birth:** (dd/mm/yyyy)		**Sex at Birth:** ☐ M ☐ F ☐ X
Address:		**Phone:**	**Gender:**
Health Card No.:	**Version Code:**	**Expiry Date:**	**Pronouns:**
Alternate Contact Information (next of kin, emergency)**:**			**Phone:**
Primary Care Provider:		**Phone:**	**Fax:**
Diagnosis: ☐ MVA ☐ Aneurysm ☐ Stroke ☐ Fall ☐ Meningitis/Encephalitis ☐ Other:			**Date of Injury:** (dd/mm/yyyy)

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

Current Substance Use: **Frequency:** ☐Daily ☐Weekly ☐Monthly

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 to 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 (goals) 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 **(Required for program eligibility)**
- 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 Muskoka Simcoe March of Dimes Canada / La Marche des dix sous du Canada