



Stroke Navigator Program

for Stroke Survivors and Caregivers

REFERRAL & CONSENT FORM

The Stroke Navigator Program is a **non-medical, community support service** that assists stroke survivors and their caregivers with the adjustment to life after stroke. The program helps navigate toward community services and resources that can help maximize independence after stroke.

To refer a patient, please complete this form and return it by **fax at 250-490-3912**, by **mail** or **drop it off** at the **Brain Injury Society, #2-996 Main Street, Penticton.**

Name: _____ DOB: _____

Address: _____ City: _____

Phone and/or Email: _____

Next of Kin & Relationship: _____ Phone: _____

CLIENT CONSENT:

Client consents for referral to the Stroke Navigator Program

Client Signature: _____ Date: _____

Referral made by:

Self Family Caregiver Mental Health Home & Community Care

Community Agency _____ Other _____

Name of person referring: _____ Phone: _____

Date of referral: (YYYY-MM-DD) _____ Date of stroke: _____

We will contact the person being referred on this form. If for some reason you want us to contact someone else instead, please provide their name, relationship and contact information:

Name & Relationship: _____ Phone: _____

Sponsored by:

