



# 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 (YYYY-MM-DD): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone and/or Email: \_\_\_\_\_ GP/Family Physician \_\_\_\_\_

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:

