

# Participation House – Waterloo Wellington

1-1382 Weber Street East, Kitchener, Ont. N2A 1C4

Phone: 519-741-5845 Fax: 519-741-8731

[www.phwaterloo.org](http://www.phwaterloo.org)



## Referral Form – Brain Injury Services

*Participation House is a personal health information custodian under the Ontario Personal Health Information Protection Act, 2004. We are committed to protecting the privacy, confidentiality and security of all personal information entrusted to us.*

### APPLICANT INFORMATION

#### **1. Personal Information:**

Last Name:	First Name:
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Street Address, incl. Apt. Number:
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City, Province:	Postal Code:
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Health Card Number:	Date of Birth:
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**If applicable, fill in below. If not, go to Contact Information.**

Facility Name:	Facility Phone Number:
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Address, including City and Postal Code:	Date admitted:
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#### **2. Contact Information:**

Home Phone Number:	Work Phone Number:
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Work Number:	Cell Phone Number:
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Fax Number:	Email Address:
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#### **3. Medical Information:**

Date of Brain Injury:	Seizure history? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of ABI sustained - please check:		
<input type="checkbox"/> Motor Vehicle Collision	<input type="checkbox"/> Stroke	<input type="checkbox"/> Anoxia
<input type="checkbox"/> Brain Tumour	<input type="checkbox"/> Trauma (i.e. Fall)	
Other, please explain: _____		

Please check if applicable:

<input type="checkbox"/> Auto Insurer	<input type="checkbox"/> ODSP
<input type="checkbox"/> WSIB	<input type="checkbox"/> Annuity
<input type="checkbox"/> Tort Action	Other, please explain: _____

**4. Referral - Contact Information:**

Complete if other than applicant. If not, go to Family Support - Contact Information

Name:	Relationship:
Agency/Organization:	Home Phone Number:
Cell Number:	Business Phone Number:
Fax Number:	Email Address:

**5. Family Support - Contact Information:**

Last Name:	First Name:
Relationship:	Street Address, incl. Apt. Number:
City, Province	Postal Code:
Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:

<b><i>Please return completed form to:</i></b>	<b>Date:</b>
<b><i>Bonnie Wilson, Intake Co-ordinator Participation House - Waterloo Wellington 617 King Street West Kitchener, Ontario N2G 1C7</i></b>	<i>Ph: 519 742 9424, ext. 207 Fax: 519 741 8731 <a href="mailto:bonnie@phwaterloo.org">bonnie@phwaterloo.org</a></i>

This section is for PHWW use only – do not fill in

Action taken:

Yes No Date:

Application Package sent:

Appointment with Service Coordinator: