North Simcoe Muskoka (NSM)
Acquired Brain Injury (ABI)
Collaborative

REQUEST FOR SERVICE

Welcome!

- The NSM ABI Collaborative is a partnership between the North Simcoe Muskoka Community Care Access Centre (NSM CCAC), York-Simcoe Brain Injury Services (YSBIS) a partnership of Mackenzie Health and March of Dimes Canada, Brain Injury Services Muskoka Simcoe (BIS) and March of Dimes Canada (MODC).

- The purpose of the NSM ABI Collaborative is to work as a single system, allowing coordination of the services that may benefit you.

- Referrals can be initiated by the applicant, health care providers, community members and family members/ caregivers with the applicants consent.

- If you would like NSM CCAC(OT, PT, SLP, NSG, DT, PSW) Services please follow the NSM CCAC process by contacting 1-888-271-2222

- Eligibility for services is:
  - Between 16 and 65 years of age (persons 65 years and older are evaluated for services on an individual basis)
  - Valid Ontario Health Card
  - Have an acquired brain injury

- Please note Section 8 - CONSENT FOR SERVICES. Understand that personal health information within this form will be shared and used by the partners of the NSM ABI Collaborative for the purpose of planning and providing coordinated services to you. If you do not wish your information to be shared among partner agencies, indicate your restrictions under Section 8.

Send form to ONE Agency to ensure coordinated access to NSM ABI Collaborative services.

□ YorkSimcoe Brain Injury Services	Fax: 905-773-5176
□Brain Injury Services Muskoka Simcoe	Fax: 705-734-1598
□March of DimesCanada	Fax: 905-773-5176

If you need direction to select one agency, contact the NSM ABI System Navigator at 705-734-2178 ext 228

Supported by / Avec le soutien de Ontario
North Simcoe Muskoka Local Health Integration Network
Réseau local d'intégration des services de santé de Simcoe Nord Muskoka

North Simcoe Muskoka CCAC CASC Community Care Access Centre / Centre d'accès aux soins communautaires du Simcoe Nord Muskoka

Mackenzie Health

BIS Brain Injury Services Muskoka-Simcoe

March of Dimes Canada

SECTION 1 – DEMOGRAPHIC INFORMATION
Please complete what you can. All information will be reviewed at your intake meeting.

Name:(last name, first name)		**Date of Birth**: dd/mm/yyyy
Street Address: (include apt. #)		**City, Province:**
Postal Code:	**Home Phone:**	**Cell Phone**:
Email:	**Gender M/F** ☐Male ☐Female	**Health Card Number**: Version code if any:

Marital status:	**Living situation:** i.e. alone, with spouse, with family
Ethnicity:	**Languages Spoken**:

Brain Injury Information: **Date of Injury:** _____ dd/mm/yyyy

Type of Injury: ☐motor vehicle accident ☐aneurysm ☐stroke ☐fall ☐meningitis/encephalitis ☐other _____ Was this a work related injury? ☐Yes ☐No

Personal Support Network/Emergency contacts. Please list

Name: (last, first)	**Relationship:**	**Contact Person:** ☐Yes ☐No
Address:		
Home Phone Number:	**Alternate Number i.e.** ☐cell ☐work**:**	**Email:**
Name: (last, first)	**Relationship:**	**Contact Person:** ☐Yes ☐No
Address:		
Home phone number:	**Alternate number i.e.** ☐cell ☐work**:**	**Email:**
Physician:	**Phone number:**	**Fax number:**
Physician Address:		

SECTION 2 – REFERRAL SOURCE

Name:	**Agency/Title:**	**Phone:**
Street Address:	**City, Province**	**Postal Code:**

Who is completing this application?
☐applicant ☐referral source as above ☐family ☐other:

Name:	**Phone:**

SECTION 3. REASON FOR REQUEST FOR SERVICES

Is there a specific service or agency you are looking for?

☐ York Simcoe Brain Injury Services:

- In-home clinical services to support coping and adjusting to emotional and behavioral changes
- Case management and in home rehabilitation support for community integration

☐ Brain Injury Services Muskoka Simcoe:

- Adult Day Services
- Community Outreach to support long-term functional independence
- Educational and individual supports to develop skills and maintain independence

☐ March of Dimes Canada

- Peer Support/Recreation Group
- Youth Programs for ages 16-25

Reasons for Request for Service (please describe):

In addition to the above, check what you feel you need help with.

☐ learning to cope with your brain injury: ☐ depression ☐ anxiety ☐ anger ☐ impulse control

☐ connecting with others (i.e. peer support group, day programs, community)

☐ strategies for planning and organizing daily activities i.e. meal planning

SECTION 4 - PAST AND CURRENT SERVICE INFORMATION

PAST Treatment History

Have you had any treatment for your brain injury either at a facility or from a professional i.e. admission to hospital, rehab facility, neuropsychologist, physiatrist, psychiatrist? ☐ Yes ☐ No

If yes, list below:

Name of Facility/Professional	Address

CURRENT Professionals or Services

Are you currently receiving services from any of the following; Psychologist, Psychiatrist, Community Agency i.e. Addictions and Mental Health, Case Manager, Lawyer, Adjuster or other services?

☐ Yes ☐ No **If yes, list below:**

Name of Professional or Agency	Contact Person	Phone /email

SECTION 5-MEDICAL INFORMATION

Other Medical Conditions. Please list. (E.g. diabetes, difficulty swallowing, infectious disease, heart, mental health diagnosis)

Seizure info Do you have seizures? ☐Yes ☐No	Type of seizure: Frequency of seizures:

Do you have allergies? ☐Yes ☐No
Please list:

Are you on any Medications? ☐Yes ☐No **If yes, list below:**

Name of Medication	**Dosage**	**Reason**

Do you utilize any assistive devices or mobility aids? E.g. hearing aid, walker, wheelchair.

Do you receive attendant care? ☐Yes ☐No	**Can you transfer independently?** ☐Yes ☐No

History of substance use
Before your injury how much did you drink?: ☐daily ☐weekly ☐monthly ☐never
Since your injury how often do you drink?: ☐daily ☐weekly ☐monthly ☐never
Since your injury how often do you take non prescription drugs?:
☐daily ☐weekly ☐monthly ☐never

SECTION 6 - ADDITIONAL INFORMATION

Financial Information
Are you receiving benefits through: ☐motor vehicle insurance ☐WSIB

Income source – Optional
☐ODSP ☐CPP ☐Ontario works ☐Structured Settlement ☐other _____

Education/Employment
Are you currently employed? ☐Yes ☐No Employer Name:

Please list your highest level of education attained:
☐High school ☐Post Secondary Education ☐Other:_____

SECTION 7 - CONSENT FOR SERVICES

Consent Statement:
I understand that personal health information within this form will be collected, stored and shared by the agencies of the NSM ABI Collaborative, for the purpose of planning and providing coordinated services.

<table>
<tr><td colspan="2">These agencies do include: North Simcoe Muskoka Community Care Access Centre, York Simcoe Brain Injury Services (a partnership of Mackenzie Health and March of Dimes Canada), Brain Injury Services Muskoka Simcoe, and March of Dimes Canada.

I understand the agencies listed above will collect and use the following types of information; referral forms, demographics and file updates through written and verbal communication.

I understand that I can withhold or place conditions upon my consent. I understand that I may withdraw my consent at any time, by providing notice to any member agency of the NSM ABI Collaborative

Insert Consent Restrictions:</td></tr>
<tr><td colspan="2">Consent Source:</td></tr>
<tr><td>Name of Person Providing Consent :</td><td>Relationship to applicant:
☐Self
☐SDM ☐SDM personal care ☐SDM property</td></tr>
<tr><td>Signature:</td><td>Date:</td></tr>
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