



Application for Service

NOTE - If you require assistance to fill out application please let us know.

We support individuals who are 18-65 years. If you require ABI support and do not fit age criteria please contact for System Navigation assistance at 705-741-1172

Application Date

yyyy/mm/dd

Personal Information

First Name

Last Name

Date of Birth

yyyy/mm/dd

Gender

- Male
 Female
 Prefer not to disclose

Health Card

Version

Expiry

Other

Contact Information

Street

Postal Code

City

County

- Peterborough
 City of Kawartha Lakes
 Northumberland
 Haliburton

Email

Mobile

Home Phone

Alternate Contact Information

Contact

Relationship

Street

Home Phone

Mobile Phone

Email



Additional Information

Marital Status

- Single Married Common Law Divorced Widowed Separated

Other

Language

- English French

Other

Interpreter Required

- Yes No

Indigenous

- Yes No

Housing Information

Current Living Situation

- Alone With Relative(s) With Non-Relative(s)

Other

Housing

- House Apartment Building Supported Housing Residential Care Facility
 Long Term Care Facility Hospital Shelter Homeless

Other

Is your rent geared to income?

- Yes No

Subsidy Provider or Housing Corporation

Additional Comments



Brain Injury Information

Date of Injury

yyyy/mm/dd

Cause Of Injury

Date of Injury

yyyy/mm/dd

Cause Of Injury

Identified Needs for Support

- Motivation/Initiation Memory Organization/Planning Impulsive Socialization Insight
 Pain Irritability Nervousness Communication Fatigue Depression Concentration
 Perseverate Verbal Aggression Physical Aggression Self-harm Anxiety Substance use
 Mood

Additional Comments



Referral Information

Professional

- Doctor Hospital
 Community Service Provider

Self

- Self Family Member Caregiver Friend

Other

Name

Relationship

Agency

Email

Fax

Phone

Program/Support

Care Professional Signature

Regulated Health Designation (If Applicable)

Primary Healthcare Provider Information

Type

- Physician (Dr)
 Nurse Practitioner (NP)

Name

Email

Fax

Phone

NOTE - We do NOT provide Clinical or Crisis Intervention Services

PHIPA Guidelines are followed, so please do NOT send referral by Email.
Your confidentiality is our priority! Please forward to - Fax: 705-741-5129 or mail directly to our Peterborough office.



Medical Information

Seizure

Yes No

Description

Assisted Transfers

Yes No

Description

Assistance with Walking

Yes No

Description

Assistive Devices

Yes

No

Description

Other Conditions

Yes

No

Description

Administering Medication(s)

Self With help from Other

No medication prescribed

Wheelchair

Does not use a wheelchair Manual

Electric

Substance Use

Pre-Injury Current

Description

Mental Health

Pre-Injury Current

Description



Education Information

Grade School

High School

College

University

Trade

Interest/Skills

Employment Information

Current Employment

Past Employment

Current Volunteer Position

Financial Information

- Source(s) of Income** Ontario Disability Support Program (ODSP) Veterans Affairs Canada
 Canada Pension Plan (CPP) Old Age Security (OAS) Part Time Employment
 Long Term Disability (Private) Full Time Employment Ontario Works (OW) Settlement
 Employment Insurance (EI) Insurance Claim Workplace Safety Insurance Board (WSIB)

Additional Comments



Additional Information

Other Brain Injury Rehabilitation Program current and/or applied for

- Speech Therapy
 Psychiatry
 Physiotherapy
 Social Work
 Do Not Resuscitate Order
 Occupational Therapy
 Current Medication
 Neurology
 Psychology
 Neuropsychology
 Any other relevant treatment reports

Additional Comments

Power of Attorney Information

Power of Attorney for Financial

Street

Email

Mobile Phone

Relationship

Home Phone

Power of Attorney for Health

Street

Email

Mobile Phone

Relationship

Home Phone

Decision Maker



B.I.A.P.R.
Brain Injury Association
Peterborough Region

158 Charlotte Street
Peterborough, ON K9J 2T8
Phone: 705-741-1172
Toll Free: 1-800-854-9738
Fax: 705-741-5129
Email: biapr@nexicom.com
Website: www.biapr.ca

Signature Information

Signature

Date

yyyy/mm/dd



A registered business name of Four Counties Brain Injury Association.
Charitable Registration #89234-5430-RR001