



**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.net](mailto:biapr@nexicom.net)  
[www.biapr.ca](http://www.biapr.ca)

## ABI-Link® - Self Referral

ABI-Link® - Self Referral is a service provided to individuals or their caregivers by the Brain Injury Association Peterborough Region (A registered business name of Four Counties Brain Injury Association).

<p><b>Date of Referral:</b> _____ <b>Name of Doctor:</b> _____ (Print Name)</p> <p style="text-align: center;"><b>Do you have a legal Power of Attorney? Yes _____ No _____</b></p>
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### Personal Information

**Individual's Name:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_  
Last, First

**Date of Birth:** \_\_\_\_\_ **Health Card #** \_\_\_\_\_  
(mm/dd/yyyy)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, ON

**Postal Code:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

### Brain Injury Information

**Cause of Injury** (eg. Anoxia, Assault, MVA, Fall, etc.): \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

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**Diagnosis** (ABI and / or other):

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## Treatment History

Please include a brief statement of medical interventions, other services involved, or current referrals to other services:

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**Reason for Request** (Indicate the areas of support or strategies that you require):

- \_\_\_\_\_ **Cognitive** (memory, attention, organization, problem-solving, time management)
- \_\_\_\_\_ **Daily Living Skills** (learning new ways to budget, do household tasks for independence)
- \_\_\_\_\_ **Communication Skills**
- \_\_\_\_\_ **Strategies to use / prepare for continuous learning**
- \_\_\_\_\_ **Peer Support** (social skills in group settings)
- \_\_\_\_\_ **Service Coordination** (access to ODSP, claims for financial support, legal matters)

<b>Contact Name:</b> _____	<b>Contact #:</b> _____
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**Please 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.

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