

## Referral process for PD Connect:

1. Ask the individual with Parkinson's, or their family member, for permission to forward their basic contact information to Parkinson Society British Columbia (PSBC).
2. To help us protect personal information, please fax rather than email the completed referral form to PSBC at 604-687-1327. To download a fillable PDF form, visit: <http://bit.ly/PDConnectForm>

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## REFERRAL SOURCE - CONTACT INFORMATION

Name: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I give PSBC consent to send me information on relevant programs and services via email.  Yes  No

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## PERSON WITH PARKINSON'S - CONTACT INFORMATION

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician: \_\_\_\_\_ Diagnosis Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## CONTACT PERSON (If different than above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Is connecting with this patient urgent?  Yes  No (note: non-urgent connections usually made within 2-4 weeks)

Preferred method of contact:  Phone  E-mail Preferred contact time:  Morning  Afternoon

Comments (e.g. relevant medical history, type of Parkinson's, pressing concerns at time of diagnosis):

\_\_\_\_\_  
\_\_\_\_\_

*Parkinson Society British Columbia is committed to protecting the privacy and personal information of the people we provide services to. The information provided on this form will only be used to inform patients/clients and their families about programs and services that may be helpful to them. Personal medical information will only be used to match the patient/client with the most appropriate service and will be kept completely confidential and secure.*