

REFERRAL PROCESS:

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. PSBC will try to connect with the referred patient **twice** through the preferred method of contact indicated on this form.
3. Please fax the completed referral form to PSBC at 604-687-1327 or email to info@parkinson.bc.ca. To download a fillable PDF form, visit: bit.ly/PDConnectForm

REFERRAL SOURCE

Name: _____

Organization/Agency: _____

Full Address: _____

Phone: _____ Fax: _____

Email: _____

I would like to receive information from PSBC on relevant programs and services via email: Yes No

PERSON WITH PARKINSON'S

Name: _____ Gender: _____

Date of Birth (m/d/y): ____ / ____ / ____ Date of Diagnosis: (m/d/y): ____ / ____ / ____

Full Address: _____

Phone: _____ Permission to leave voicemail? Yes No

Email: _____

Preferred contact method: Phone Email Preferred contact time: Morning Afternoon

PREFERRED CONTACT PERSON *(if different from above)*

Name: _____ Relationship: _____

Phone: _____ Permission to leave voicemail? Yes No

Email: _____

Preferred contact method: Phone Email Preferred contact time: Morning Afternoon

REFERRAL INFORMATION

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

Comments *(e.g. type of Parkinson's, concerns at time of referral)*: _____

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