



# NORTH DAKOTA BRAIN INJURY NETWORK

Date: \_\_\_\_\_

## Referral Form

The North Dakota Brain Injury Network (NDBIN) is intended to provide information about brain injury and assist in accessing services. This is a FREE follow-up service, and can be discontinued at any time.

I would like NDBIN to contact:  Individual  Personal Representative

### Individual Information

Individual's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Cause of Injury: \_\_\_\_\_

Housing situation:  living alone  living with family  living with other caregiver  other \_\_\_\_\_

### Personal Representative Information

Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to individual: \_\_\_\_\_

### Services interested in (please check all that apply)

- Community Resources-Provide information regarding access to community based resources and assistance in accessing services.
- Brain Injury Information-Access to brain injury specific information, education and materials for individuals, family, and providers.
- Support Groups-Offer information regarding regional and virtual supports groups.
- Survivor Connections-Structured program providing telephone based connection between individuals with lived experience and those new to brain injury.
- Case Consultation-Individualized technical assistance for professionals to increase success supporting individuals and families experiencing brain injury.
- Other: \_\_\_\_\_

I give permission for my clinic/provider to forward this form on my behalf to the North Dakota Brain Injury Network. After the provider sends this referral form, a representative from NDBIN will contact me about resources, support and educational opportunities that are available to my family and I.

Signature of individual or authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form via Fax (701) 777-1431 or email [info@ndbin.org](mailto:info@ndbin.org).

### To be completed by forwarding provider

Organization Making Referral: \_\_\_\_\_

If applicable please provide

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_