

## March of Dimes Canada (MODC) British Columbia After Stroke Program Community Referral

An online form is also available at [www.afterstroke.ca](http://www.afterstroke.ca) via the Contact Us button.

### Basic Information

Please select one: This referral is for a  Stroke survivor  Caregiver

Surname:	Given name:	Preferred name:
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Address:

City:	Postal code:
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Phone number:	Email:
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Date of birth:	Preferred method of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email
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Primary language:	Is a family member available to interpret? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Primary Contact Information

Is the primary contact the same as above?  Yes  No (if selected, please complete the section below.)

Primary contact name:	Relationship to participant:
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Phone number:	Email:
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Preferred method of contact:  Telephone  Email

Is there an ideal time to reach the primary contact?

### Referral Source Information

Date of referral:

Type of referral:  Self-referral  Referral for someone else  
(if selected, please complete the section below.)

Name:	Phone number:
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Organization/Clinic/Centre (if applicable):	Email:
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By checking this box, I am confirming that the client above has provided verbal consent for this referral.

Return form via secure fax to 604-688-3660 or via email to [afterstrokebc@marchofdimes.ca](mailto:afterstrokebc@marchofdimes.ca) A member of our team will be in touch with you within 1 to 3 business days of receiving this referral.  
[www.strokerecoverybc.ca](http://www.strokerecoverybc.ca)