



# Provincial Family Caregiver Program CAREGIVER REFERRAL & CONSENT FORM

Please complete form and fax to 1-250-361-2660 or call us at  
1-877-520-3267 toll free within BC or email [cgsupport@familycaregiversbc.ca](mailto:cgsupport@familycaregiversbc.ca)  
We will follow up with the family caregiver within 2 business days.

Date of Referral: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

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

Best time to contact the caregiver:  AM  PM

### Referral made by:

Self  Family Practice  Community Agency: \_\_\_\_\_

VIHA  VCHA  FHA  IHA  NHA Title: \_\_\_\_\_

City/Community: \_\_\_\_\_

Other: ( \_\_\_\_\_ )

### CAREGIVER CONSENT

I consent to be contacted by the Family Caregivers of BC about their Provincial Family Caregiver Program.

Verbal consent received Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

City/Community: \_\_\_\_\_

### Comments:

The Provincial Family Caregivers of BC Program supports family caregivers in partnership with the Ministry of Health, Patients as Partners Initiative and offers:

- A Toll-Free Caregiver Support Line accessible anywhere BC
- 1:1 Caregiver Coaching Sessions
- Caregiver Support Groups
- Webinars and workshops
- Online Caregiver Resource Centre [www.familycaregiversbc.ca](http://www.familycaregiversbc.ca)