



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
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