



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 B.C. 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: _____

Referral made by (Name): _____

Title: _____

Family Dr/Physician Other Health Care Provider Community Agency: _____

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Caregiver City/Community: _____

Other: _____

Caregiver Consent* (Consent Required. Without consent we are unable to contact the caregiver.)

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

Verbal consent received Date: _____

Caregiver Signature: _____

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 in B.C.
 - 1:1 Caregiver Coaching Sessions
 - Caregiver Support Groups
 - Webinars and workshops
 - Online Caregiver Resource Centre
- www.familycaregiversbc.ca