Family Caregivers of British Columbia

Caregiver Rx PROGRAM

Provincial Family Caregiver Program Caregiver Referral & Consent Form

Please complete the form and return it by fax to 250-361-2660 or email it to **caregiverrx@familycaregiversbc.ca**. One of our Caregiver Support Specialists will contact the referred individual within 1-2 business days.

Referring Provider

Date of Referral: _____

Provider Name: _____

Provider Email: _____

Provider Type:

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

Health Authority: □ VIHA □ VCHA □ FHA □ IHA □ NHA □ FNHA

Hospital/Clinic/Organization Name: _____

Would you like to receive a brief receipt of referral and follow-up on the outcome of the caregiver you refer?

□ Yes □ Not Needed

Caregiver Information:

Caregiver Name: _____ Phone: _____

Email: _____ City: _____

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.
- Caregiver Support Groups
- Webinars & Workshops
- Online Caregiver Resources
- 1:1 Caregiver Coaching Sessions & Navigator Sessions