



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

PO Box 6336, Sitka, Alaska 99835 ♥ 907-747-4600 ♥ braveheartvolunteers.org

Referral for Services

Referred Party/Care Receiver Information:

Name: _____ Preferred Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

Date of Birth: _____

Primary contact: • Care Receiver • Referring Party • Family Member: _____

Emergency Contact (if different than Primary): _____

Referred By (Name/Agency): _____ Contact Info: _____

Reason for referral: _____

Referred Party/Power of Attorney has verbalized agreement with receiving BHV services: • Yes • No

Relevant Medical Information: _____

Mobility(circle all that apply): Ambulatory, uses Walker or cane, Wheelchair, Bed-bound.

Risk for falling: Yes/No

Cognition: _____

Services Requested: (Circle all that apply).

Volunteer Visitor, Companionship, Respite Support, Caregiver Support, End of Life,

Grief Support: Group or Buddy Bereavement Mailings, Education: _____

Additional Requests: _____

***Please include a signed Release of Information (ROI) with this Referral Form between BHV and referral source.**

For BHV Office Use

Referral Date: _____ **Intake Assessment Date/Time:** _____ **Update Referral Source Date:** _____

Additional information: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

RELEASE OF INFORMATION

I authorize the exchange of medical and other information both verbally and in writing which is necessary for coordination of care, including volunteer matching, and referrals for support services between Brave Heart Volunteers and the following individuals and organizations:

My family and/or caregiver(s)	Sitka Pioneer Home
My physician Doctor's Name	Swan Lake Senior Center
My pharmacy(s)	SAIL
Mt. Edgecumbe Medical Center	Center for Community
SEARHC	Other:

NOTE: The signer may cross off any individual(s) or organization(s) listed above, provided it does not basically change the intent of the form.

Client or Legal Representative Signature: _____

Date: _____