
RESOURCE REQUEST FORM

To receive information from the Brain Injury Association of Virginia's clearinghouse, indicate the subjects that interest you, complete the back of this form and mail to BIAV. (If you don't see what interests you here, call us – more may be available.)

To conserve resources – we cannot process forms with all subjects marked. Please limit your selection to **five (5)** topics. Thank you for your understanding.

CLEARINGHOUSE TOPIC LIST - Information on Brain Injury:

- General, basic information on brain injury
- Mild Brain Injury / Post-concussive syndrome
- Severe brain injury/coma
- Behavioral consequences of brain injury
- Emotional consequences of brain injury
- Managing behavior after brain injury
- Cognitive consequences of brain injury
- Managing cognitive difficulties after brain injury
- Speech and language disorders after brain injury
- Headaches
- Epilepsy/seizure disorders
- Family issues
- Spouse issues
- Brain injury in children
- Parenting when you have a brain injury
- Rehabilitation - types of programs
- Vocational rehabilitation
- Psychological and counseling issues - for professionals
- Financial issues/resources
- Legal issues, finding an attorney
- Substance abuse and brain injury
- Special education in the public schools - for families
- Entering or re-entering higher education after brain injury
- Educating students with brain injuries - for teachers

Please add any information that will help us select the most appropriate material:

over for more ...

BIAV PUBLICATIONS AND COMMUNITY RESOURCE LISTS

- Headway** – BIAV’s newsletter - most recent edition available.
- List of brain injury rehabilitation programs in Virginia
* Do you prefer a statewide or regional list ? specify region: _____
- List of professionals specializing in brain injury assessment and treatment.
* Do you prefer a statewide or regional list? specify region: _____
- List of attorneys with experience handling brain injury cases.
- List of brain injury support groups in Virginia.
- List of services provided through the Virginia Department of Rehabilitative Services.

* Regional Directories covering the area of the mailing address will be sent unless otherwise specified.

PLEASE FILL OUT COMPLETELY OR YOUR ORDER CANNOT BE PROCESSED
(This information will be kept confidential by BIAV)

Name _____

Mailing Address _____

Daytime Phone or email address: _____
(In case there is a question about your order.)

May we e-mail you the material requested? (if available in that format?) _____

Are you a current member of the Brain Injury Association of Virginia? Yes No

As a non-profit organization, the Brain Injury Association of Virginia relies on the generosity of donors to make this information available to everyone who needs it, regardless of their ability to pay. Please consider a donation - if you can - to help cover the cost of printing and postage. All contributions are tax deductible.
Thank You

To help us choose the most relevant information, please complete the following:

- I am a: Person with brain injury
(Check one)
- Family member or friend of someone with a brain injury
specify your relationship: _____
name of person with brain injury: _____
- Service provider for people with brain injuries
specify profession: _____

When did the brain injury occur? (month/year) _____

What was the cause or type of brain injury? _____

Date of birth of the person with a brain injury: _____
or provide age if D.O.B. not available



Return this form to: **The Brain Injury Association of Virginia**
1506 Willow Lawn Dr., Suite 212
Richmond, VA 23230

BIAV Office Use Only: _____