

Referral Form

Client Information

Date: _____

Name:		D.O.B:	
Address:		Client Contact #:	
		Health Card #:	
Client aware of referral:	YES	NO	Preferred Language:
Attached Client Consent Form:	YES	NO	Need for Cultural Interpretation: YES NO

Referral Source Information

Name:
Organization:
Phone # / fax #:

Does the client have a Health Practitioner? YES NO
 Practitioner Name: _____ Contact#: _____
 Is the Health Practitioner aware of this referral? YES NO

Reason for Referral:

Please check the following criteria that apply to the client.

- | | |
|--|-----------------------------------|
| Does not have family doctor | ED visit in last 3 months |
| Lives alone/isolated | Taking > 3 medications |
| No support network (friends, family) | Fallen in last 3 months |
| Difficulty keeping appointments/No-shows | New medical diagnosis < 3 month |
| Fear/ Concerns re: abuse | Chronic illness/pain monitoring |
| At risk of eviction / low Income | Unexplained weight loss |
| Concerns of general safety | Recent change in mood/behavior |
| Recent loss of spouse | Recent change in cognition/memory |

If checked, please describe here:



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Does the client currently have any of the following services? If yes, please describe below.

LHIN	Home Support	G.P.C.S.O	Geriatric Day Hospital	G.A.O.T	Other
Coordinated Care Plan Completed?		YES	NO		

If checked, please describe here:

Infectious Diseases – Check all that apply.

HIV	HEP C	C DIFF	MRSA	TB	VRE
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Medical Conditions/Diagnosis:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Current Medications / Prescribed by:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

PLEASE ATTACH A COPY OF ANY RECENT DISCHARGE REPORTS OR COMPLETED ASSESSMENTS

Safety Precautions – Does the client have a history of:

Aggressive Behavior	Substance Abuse	Bed Bugs	Pets in Home	Hoarding
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Please contact Central Intake to further discuss any safety concerns you may have regarding the client

If checked, please describe here:

Expectations from PCO/Goals of Referral Source: