



**NORTH SHORE HOME AND COMMUNITY CARE
REFERRAL**

FOR INTAKE USE ONLY

PARIS #: _____

AMBULATORY HOME AREA

DATE REFERRAL RECEIVED: _____

PATIENT DETAILS *(print or stamp)*

ALLERGIES: _____

Name: _____ M F DOB (d/m/y): _____

Address: _____

Tel: _____ Cell: _____

Primary Contact Name: _____ Relationship: _____

Tel: _____ Cell: _____

GP: _____ Phone: _____ PHN: _____

PERSON SUBMITTING REFERRAL

Name: _____ Tel: _____

Pager: _____ Department: _____

REASON FOR REFERRAL:

Date 1st visit requested (d/m/y): _____

DISCIPLINE REQUESTED

Nursing OT PT Long Term Care Home Support Dietitian

(Attach information to support your request)

DIAGNOSTIC IMAGING ONLY

Date procedure booked (d/m/y): _____ *(please notify INTAKE of changes)*

MEDICAL HISTORY AND DIAGNOSIS *(please list current conditions and attach recent consults)*

CURRENT MEDICATIONS *(please attach list)*

Is this client palliative? Yes No

PHYSICIAN ORDERS *(please attach all supporting documents and any additional information)*

CVC CARE *(attach CVC referral form and radiology reports)*

PLEURX DRAIN CARE *(attach pre-printed physician orders & radiology reports)*

OTHER

****MANDATORY****

Responsible Community

Physician Signature: _____

Physician name *(print)*: _____

Date: _____

All physician orders are as per VCH protocols and are valid for 12 months after which updated orders are required

**Fax to Central Intake: 604-983-6886. For urgent referrals also call Central Intake: 604-983-6740.
For LGH Diagnostic Imaging fax to: 604-984-5777.**

ADMISSION CRITERIA AND DESCRIPTION OF SERVICES

- On receipt of a completed referral form the H&CC Intake nurse will complete an assessment of the client's needs to determine the eligibility for admission to North Shore Home and Community Care
- The goal for clients should be towards independence and self-care whenever possible and we strongly encourage family involvement
- The first choice of location for care is in our ambulatory setting reserving home visits for the chronically ill, immobile or bed bound clients
- We are not an emergency service and follow strict priority guidelines. Clients need to be aware that they will not get an immediate appointment on our receipt of a written referral unless it is deemed URGENT and there has been a discussion between the referring professional and our INTAKE staff
- We do not have the resources to monitor vital signs, give s/c injections, monitor blood sugars or give insulin injections, attend to uncomplicated post operative incisions or chronic superficial wounds

Listed below is a description of our services to help you when making a referral

<p>HOME CARE NURSING</p> <p>The primary setting for community nursing is in our Ambulatory clinics</p>	<p>Wound care Home IV Therapy Continenence Management, catheter changes Chronic Disease Symptom Management Medication Management Palliative Care</p>
<p>OCCUPATIONAL THERAPY</p>	<p>Risk of Falls/safety assessment Transfers Skin integrity assessment Equipment/funding</p>
<p>PHYSIOTHERAPY</p>	<p>Safety assessment Mobility Post op fractures/ROM</p>
<p>LONG TERM CARE</p>	<p>Assessment for home support Assisted Living Facility placement Adult Day Programs</p>
<p>DIETITIAN</p>	<p>Swallowing assessment Tube feeds Nutritional assessment Weight management</p>