# Intake and Linking Referral Form

**REFERRAL IS:** ☐ **Urgent** ☐ **Non-Urgent**

## PATIENT INFORMATION

_____
*(Last Name, First Name)*

**Health Card Number and Version Code:** _____ **DOB (dd-mmm-yyyy):** _____ **Gender:** ☐ Male ☐ Female

**Home Address:** _____
*(Street #)* *(Street Name)* *(Apartment/Room #)*

**City:** _____ **Postal Code:** _____ **Entry Code:** _____

**Home Phone:** _____ **Cell Phone:** _____

## CONTACT INFORMATION

**Language Spoken/Preferred:** _____

**Alternate Contact:** _____
*(First Name and Last Name)* *(Phone)*

**Patient Knowledge of Referral:** ☐ No ☐ Yes

## REFERRAL SOURCE

**Name:** _____ **Relationship:** _____

**Phone:** **Agency:**

## MEDICAL CONTACT

**Physician Name:** _____

☐ **Attending** ☐ **Referring** ☐ **GP** ☐ **Other - specify:** _____

**Address:** _____

**Phone 1:** _____ **Ext.** _____ **Phone 2:** _____ **Ext.** _____

**Cell Phone:** **Fax:**

## REASON FOR REFERRAL

**Reason for the referral/presenting problem/comments:**

☐ Health Links ☐ Laboratory ☐ Long Term Care Placement ☐ Nursing
☐ Nutritional Services ☐ Occupational Therapy ☐ Personal Support (e.g. bathing, dressing) ☐ Physiotherapy
☐ Social Work ☐ Speech Lanuage Pathology
☐ Community Linking (e.g. housekeeping, shopping, transportation)

| | | | |
|---|---|---|---|
| Has the patient been in the ER/hospital within the last 14 days? | ☐ Unknown | ☐ No | ☐ Yes |
| Does the patient have a current cancer diagnosis? | ☐ Unknown | ☐ No | ☐ Yes |
| Has the patient had any recent falls within the last 14 days? | ☐ Unknown | ☐ No | ☐ Yes |
| Has there been a recent change to the patient's medical condition in the last 14 days? | ☐ Unknown | ☐ No | ☐ Yes |
| Can the patient manage their medications? | ☐ Unknown | ☐ No | ☐ Yes |
| Does the patient have any difficulties with bathing, dressing, meals, housekeeping, driving to appointments, shopping, banking, etc.?<br>• If "Yes" - specify: | ☐ Unknown | ☐ No | ☐ Yes |
| Is anyone assisting the patient? | ☐ Unknown | ☐ No | ☐ Yes |

**Fax completed form to: Newmarket Office (905) 952-2404 OR Sheppard Office: (416) 222-6517**