Ontario Health atHome

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)

Question	Unknown	No	Yes
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.? • 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