



Home and Community Care
961 Alloy Drive
Thunder Bay, ON P7B 5Z8

Soins à domicile et communautaire
961, promenade, Alloy
Thunder Bay, ON P7B 5Z8

Last Name					First Name				
Patient #:					Date of Birth:				
Affix Label/or Print									
HC#:								Version Code	

Referral for Home and Community Care Services

<input type="checkbox"/> Patient agreeable to referral to Home and Community Care	
Address:	P.O. Box:
Town/City:	Postal Code:
Phone (Home): (Work):	Phone (Cell):
Prognosis: <input type="checkbox"/> Improve <input type="checkbox"/> Remain Stable <input type="checkbox"/> Deteriorate <input type="checkbox"/> End of Life-PPS: _____	
Diagnosis/Prognosis discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Family	
DNR in place: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Surgical Procedure:	Date: _____ (DD/MM/YYYY)
Planned Hospital Discharge Date: _____ (DD/MM/YYYY)	
Allergies:	
Diagnosis:	
Brief Medical History:	
Medications:	
Services Requested:	Specific Orders/Request:
<input type="checkbox"/> Nursing (MD/NP Orders Required)	MD/NP Orders:
<input type="checkbox"/> Personal Support	
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Social Work	
<input type="checkbox"/> Speech-Language Pathology	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Case Management	
<input type="checkbox"/> Rapid Response Nurse (COPD, Heart Failure & Diabetes)	
<input type="checkbox"/> Nurse Practitioner	
Self-Management Programs	
<input type="checkbox"/> Telehomecare (COPD & Heart Failure)	
<input type="checkbox"/> Chronic Disease Self-Management Program	
Unless otherwise indicated, the North West LHIN may alter frequency of treatment as indicated by circumstance, arrange for teaching of the patient or other reliable person and/or request an assessment from other internal disciplines.	
Referring Party Name/Designation (Print):	
Referring Party Signature:	Date (DD/MM/YYYY):
CONFIDENTIAL WHEN COMPLETED. IF YOU HAVE RECEIVED THIS FORM IN ERROR PLEASE DO NOT COPY OR DISPOSE. PLEASE CONTACT (807) 345-7339 AND WE WILL MAKE ARRANGEMENTS TO COLLECT IT.	

Guidelines for Use Form #760

1. This Home and Community Care Services form is a communication tool between the North West LHIN and the patient's primary care provider.
2. The form is completed when the primary care provider wishes to:
 - a. refer a patient for services in the community, and/or
 - b. communicate the current medical condition of the patient.
3. Once completed, the form is transmitted to the Home and Community Care office to initiate an assessment by the Community Care Coordinator. The second copy may be retained by the hospital or primary care provider's office for their records.
 - a. After regular business hours, or on the weekend, the form must be faxed to the North West LHIN office (fax # 807-346-4625)
4. Upon receipt of a referral, the Community Care Coordinator must determine the patient's eligibility for services.
 - a. If the client is eligible for Community Care services, the Coordinator may:
 - i. Alter the frequency of treatment requested by the primary care provider, as indicated by circumstances,
 - ii. Arrange for teaching of the patient or caregiver
 - iii. Request an assessment from other internal disciplines.
 - b. If the patient is not eligible, the referral will be processed as a non-admit and the client may be referred to other health care services.

North West LHIN Home and Community Care: Contact Numbers

Thunder Bay

Tel: 1-807-345-7339
Fax: 1-807-346-4625

Geraldton

Tel: 1-807-854-2292
Fax: 1-807-854-1805

Marathon

Tel: 1-807-229-8627
Fax: 1-807-229-8628

Dryden

Tel: 1-807-223-5948
Fax: 1-807-223-3943

Kenora

Tel: 1-807-467-4757
Fax: 1-807-468-1437

Fort Frances

Tel: 1-807-274-8561
Fax: 1-807-274-0844

Sioux Lookout

Tel: 1-807-737-2349
Fax: 1-807-737-3017

Red Lake

Tel: 1-807-727-3455
Fax: 1-807-727-2484

Atikokan

Tel: 1-807-597-2159
Fax: 1-807-597-6760

Rainy River

Tel: 1-807-852-3955
Fax: 1-807-852-1077

Nipigon

Tel: 1-807-887-5862
Fax: 1-807-887-1184

North West Local Health Integration Network (Head Office)

975 Alloy Dr., Suite 201, Thunder Bay, ON P7B 5Z8
Phone: 807-684-9425 | Toll-free: 1-866-907-5446
Fax: 807-684-9533

Fax To: Contracted Service Provider

Dilico Ojibway C&FS

Other

White Copy to North West LHIN

Yellow Copy To TBRHSC/Physician's Office