Home and Community Care Support Services North West 961 Alloy Drive Thunder Bay, ON P7B 528

Services de soutien à domicile et en milieu communautaire Nord-Ouest 961, promenade, Alloy Thunder Bay, ON P7B 528

	Last Name	First Name
	Date of Birth:	
Patient #		DD/MM/YYYY
	Affix Label o	or Print
HCN		Version Code

Referral for Home and Community Care Services

Ontario 😵

Relevant sections of this form must be completed in their entirety for processing to occur. Incomplete forms will be returned

Patient agreeable to referral to Home and Community Care				
Address:	PO Box:			
Town/City:	Postal Code:			
Phone (Home): (Work):	(Cell):			
Surgical Procedure: Date:	Planned Hospital Discharge Date:			
Allergies:				
Primary Diagnosis: Secondary Diagnosis:				
Palliative Approach to Care				
Diagnosis of a life-limiting progressive disease, Discussion has been had with patient and ca Goals of care include comfort, symptom manag Pain or symptom management concerns (<i>provi</i> Would you be surprised if the patient died in th	aregiver Expect lement and quality of life <i>de information below</i>) PPS: e next 6 months: yes no	in home cted death in the home 10-30% 40-60% 70-100%		
Services Requested:	Specific Orders/Request:			
Nursing (MD/NP Orders Required) Personal Support Physiotherapy Occupational Therapy Social Work Speech-Language Pathology Nutrition Case Management Rapid Response Nurse (COPD, CHF, Diabetes) Nurse Practitioner Medical Assistance in Dying Consultation Self-Management Programs	MD/NP Orders: Additional relevant information:			
Telehomecare (COPD & Heart Failure) Chronic Disease Self-Management Program	-			
Unless otherwise indicated, the <ca a="" alter="" an="" and="" arrange="" as="" assessment="" b]imsupport="" by="" ca="" circumstance,="" disciplines.<="" for="" frequency="" from="" i="" indicated="" internal="" may="" north="" of="" or="" other="" patient="" person="" reliable="" request="" services="" td="" teaching="" the="" treatment="" west="" y`ubx`7=""></ca>				
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.				

- 1. This Home and Community Care Services form is a communication tool between the Home and Community Care Support Services North West 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 Support Services North West 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 Home and Community Care Support Services North West 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.

Home and Community Care Gi ddcfhGYfj JWYg Bcfh K Ygh Contact Numbers

Thunder Bay

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

Dryden

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

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

Rainy River Tel: 1-807-852-3955

Fax: 1-807-852-1077

Geraldton

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

Kenora

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

Red Lake Tel: 1-807-727-3455 Fax: 1-807-727-2484 Marathon Tel: 1-807-229-8627 Fax: 1-807-229-8628

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

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

Nipigon

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

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961 Alloy Dr. Thunder Bay, ON P7B 5Z8 Phone: 807-345-7339 | Toll-free: 1-800-626-5406 Fax: 807-346-4625

Fax To:

Dilico Ojibway C&FS Other

Contracted Service Provider

White Copy to J qo g"cpf "Eqo o wpkx{ "Uwr r qtv"Ugtxkegu"P qty "Y guv"

Yellow Copy to TBRHSC/Physician's Office