P C O

Primary Care Outreach to Seniors

Ontario's Community Health Centres
Les centres de santé communautaire en Ontario

Referral Form

Client Information Date:_____

Name:	D.O.B:
Address:	Client Contact #:
	Health Card #:
Client aware of referral: YES ☐ NO ☐	Language Spoken:
Attached Client Consent Form: YES ☐ NO ☐	Need for Cultural Interpretation: YES ☐ NO ☐

Referral Source Information

Name:
Organization:
Phone # / fax #:

Does the client have a Health Practitioner? YES ☐ NO ☐
Practitioner Name:_____ Contact#: _____
Is the Health Practitioner aware of this referral? YES ☐ NO ☐

Reason for Referral:

Please check the following criteria that apply to the client.

- ☐ Does not have family doctor
- ☐ Lives alone/isolated
- ☐ No support network (friends, family)
- ☐ Difficulty keeping appointments/ no shows
- ☐ Fear/ Concerns re: abuse
- ☐ At risk of eviction / Low Income
- ☐ Concerns of general safety
- ☐ Recent loss of spouse
- ☐ ED visit in last 3 months
- ☐ Taking more than 3 medications
- ☐ Fallen in last 3 months
- ☐ New medical diagnosis < 3 month
- ☐ Chronic illness/ pain monitoring
- ☐ >10 lbs weight loss <2 month
- ☐ Recent change in mood/ behavior
- ☐ Recent change in cognition/ memory

If checked, please describe here:

South East Ottawa Community Health Centre – 1355 Bank Street – Suite 600 Ottawa, Ontario K1H 8K7
Phone: 1-844-726-5115 Fax: 613-739-8196

P C O

Primary Care Outreach to Seniors

Ontario's Community Health Centres
Les centres de santé communautaire en Ontario

Referral Form

Does the client currently have any of the following services? If yes, please describe below.

CCAC ☐ Home Support ☐ G.P.C.S.O ☐ Day Hospital/ Program ☐ G.A.O.T ☐ Other ☐

If checked, please describe here:

Infectious Diseases – Check all that apply.

HIV ☐ HEP C ☐ C DIFF ☐ MRSA ☐ TB ☐ VRE ☐

Medical Conditions/Diagnosis:

1._____ 2._____
3._____ 4._____
5._____ 6._____
7._____ 8._____

Current Medications / Prescribed by:

1._____ 2._____
3._____ 4._____
5._____ 6._____
7._____ 8._____

PLEASE ATTACH A COPY OF ANY RECENT DISCHARGE REPORTS OR COMPLETED ASSESSMENTS

Safety Precautions – Does the client have a history of:

Aggressive Behavior ☐ Substance Abuse ☐ Bed Bugs ☐ Pets in Home ☐ Hoarding ☐

Please contact Central Intake to further discuss any safety concerns you may have regarding the client

If checked, please describe here:

Expectations from PCO/Goals of Referral Source:

South East Ottawa Community Health Centre – 1355 Bank Street – Suite 600 Ottawa, Ontario K1H 8K7
Phone: 1-844-726-5115 Fax: 613-739-8196