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GARDEN RIVER WELLNESS CENTRE

GARDEN RIVER WELLNESS CENTRE • 23 SHINGWAUK STREET • GARDEN RIVER • ONTARIO • P6A 7B2
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Garden River Wellness Centre Home and Community Care Program Referral Form

☐ PATIENT IS AGREEABLE TO REFERRAL		CPSO #:
Health Card #:	Version Code:	DOB (D/M/Y):
Surname:	First Name(s):	
Address:	City:	Phone #:
Primary Language: ☐ English ☐ Other (Specify): _____		
Gender: ☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown		
Name of Contact Person (if other than patient):		
Phone #:	Relationship: ☐ POA/SDM ☐ Spouse ☐ Other (Specify):_____	
Relevant Diagnosis:		
Prognosis: ☐ Improve ☐ Remain Stable ☐ Deteriorate		
Infection Control: ☐ MRSA Positive ☐ VRE Positive ☐ C-diff ☐ TB ☐ Other (Specify):		
Surgical Procedure:		

FAMILY MEDICINE	
Family Practitioner:	Location:

REFERRAL CIRCUMSTANCES				
Referral Source: ☐ Physician	☐ NP	☐ Family	☐ Self	☐ Other
Information Received by:	☐ Telephone	☐ Fax	☐ In Person	☐ EMR
Applicant aware of referral?	☐ Yes	☐ No		
Location of applicant at time of referral:	☐ Home	☐ Hospital	☐ LTC Facility	☐ Other

SERVICES REQUESTED	
☐ **Homemaking**	• Light Housekeeping • Assistance with laundry • Meal Prep • Socialization
☐ **Personal Support Services**	• Assistance with personal care • Assistance with daily ADL's • Meal Prep • Light Housekeeping

☐ **System Navigation**	• Assistance with navigating Healthcare System for the following
	  ○ Pre & Post OP care set up
	  ○ Out of Town appointment supports
	  ○ Referrals for assisted aide devices
	• Connection with intradisciplinary Health Care Teams
	  ○ Long Term Care referrals
	  ○ Memory Clinic referrals
	  ○ OT/PT referrals
	  ○ Primary Care referrals
	• Assistance with Navigation & set up with NIHB Services
	  ○ Referrals to NIHB Clerk
	  ○ Assistance with compiling paperwork from physicians for submission to clerk or intradisciplinary teams

☐ **Referral to Community Health Nurse (CHN)**	• Health Education and teaching for clients & families • Understanding diagnosis • Medication review

☐ Completed Inter Ria Assessment
☐ Current list of medications

The above items listed are attached via .pdf file or faxed to confidential number (705)946-2725 "ATTN: Home and Community Care Program"

Referral Source: _____ Date:_____

(Name, designation)

Additional Notes: