Scarborough Interprofessional Primary Care Program

CLINIC USE ONLY
Date Received: _____ DD/MM/YY
Appt. Date: _____ DD/MM/YY
Copy sent to Physician: _____ DD/MM/Y

Referral Form

• Fax: 416 410 7072. • Phone: 416-847-4165

** Please see referral criteria on page 2*

PATIENT INFORMATION: Patient Informed of Referral: ❑ Yes ❑ No

OHIP # _____ VC: _____ EXP: _____ MM/YYYY

❑ Not Insured ❑ IFH

Last name: _____ First name: _____

Address: _____
Street CITY/town postal code

Phone:
Home: ( ) -
Work ( ) -
Cell ( ) -

DOB: _____ DD/MM/YYYY ❑ Male ❑ Female ❑ Transgender

Indicate Preferred Language for services: _____

Allergies: _____ ❑ NKA

Email: _____

REFERRALS TO:

- ❑ Mental Health
- ❑ Women's Health
- ❑ Chronic Disease Management
- ❑ Harm Reduction
- ❑ Geriatric Clinic - Care of the Elderly Physician
- ❑ Nutrition
- ☐ Other

CARE PROVIDERS:

Social Worker, Harm Reduction Worker, Mental Health Case Worker, Physiotherapist, Occupational Therapist, Registered Nurse Nurse Practitioner, Foot Care Nurse, Chiropodist, Registered Dietitian

REASON FOR REFERRAL:

_____

_____

_____

_____

Geriatric Clinic Referral Criteria:
Cognitive impairment, Dementia and associated symptoms, Functional decline, Mobility and Falls, Polypharmacy or Medication review.

Supporting Documents to Include:

Complete List of Medications, Complete Past Medical History Psychiatric History, Recent Lab Results, Any Specialist Reports Recent Imaging (if done).

PRIVATE INSURANCE:

- ☐ Client has private insurance/benefits
- ☐ Percentage of private insurance _____%
- ☐ No private insurance

RELEVANT MEDICAL HISTORY/MEDICATION

_____

_____

_____

REFERRING primary care provider (other than PCP):

Name: _____ Phone: _____

Address: _____ Fax: _____

In order to serve your clients better the Interprofessional Primary Care (IPC) team would like to initiate referrals to other healthcare professionals within the IPC Team and SCHC programs based on client goals.

☐ **Please check here if you agree to referrals to other services**

Eligibility Criteria – IPC Program

1. (a) Client and referring primary care provider are located in Scarborough. 1. (b) Referring primary care provider is located in Scarborough but client lives outside of Scarborough. 1. (c) Referring primary care provider is located outside of Scarborough but client lives in Scarborough.
2. Focus on solo primary care providers who have no access to interprofessional teams.
3. Prioritize/triage based on client complexity and risk for access to service.

Target Population	**Clients with 2 or more chronic and complex health conditions.**		
Identified Sub-Groups	Mental Health & Addiction	Frail Seniors	Vascular Health
Considerations	Consider patients or clients with: • Economic characteristics (low income, median household income, government transfers as a proportion of income, unemployment) • Social determinants (housing, living alone, language, immigration, community, food insecurity, social services, etc.)		

Social Economic Stress Risk Factors (examples)			
	Government Payments as a High % of Income		Household in Need of Repair
	Socially Isolated		Low Education Level
	Low Household Income		Low Individual Income
	No Knowledge of Official Languages		Newcomer/Refugee
	Unemployment		Food Insecurity
			Other

Complex Health & Social Concerns