St. Joseph's Healthcare Hamilton

NIAGARA SENIORS MENTAL HEALTH OUTREACH PROGRAM

an integrated, shared-service model of community outreach providing specialized services to older adults with complex mental health needs living in ***the Niagara Region***

• REFERRAL FORM

NAME:	**UID/CB#**
ADDRESS:	**DATE OF REFERRAL:**
CITY: **POSTAL CODE:**	**REFERRAL SOURCE:**
PHONE NUMBER: **MARTIAL STATUS:**	**REFERRAL SOURCE PHONE #:**
D.O.B. **AGE:** **H.C.#**	**FAMILY PHYSICIAN:**
CLIENT LIVING WITH: **TYPE OF HOUSING:** **ADM. DATE TO FACILITY:**	**PHYSICIAN PHONE #:** **PHYSICIAN FAX #:**
CAREGIVER/NEXT OF KIN: **RELATIONSHIP:** **HOME PHONE #:** **WORK PHONE #:**	
CONTACT PERSON RE: APPOINTMENTS, ETC. ☐ **CLIENT** ☐ **CAREGIVER/NEXT OF KIN/SDM**	**CLIENT/SDM consents to REFERRAL:** ☐ **YES** ☐ **NO** **PREFERRED LANGUAGE:**

OTHER AGENCIES/SUPPORTS INVOLVED: (List contact & duration of involvement if available)

☐ **CCAC** ☐ **Public Health** ☐ **Adult Day Program** ☐ **Alz. Soc. Support Group** ☐ **Veteran's Affairs**
☐ **Meals on Wheels** ☐ **Psychiatrist** ☐ **Geriatrician** ☐ **Other: (Specify)**

REASON FOR REFERRAL / PSYCHIATRIC ISSUE/BEHAVIOUR:	**FOR PHYSICIANS:** ☐ **I am referring the above patient to the COGNITIVE BEHAVIOURAL THERAPY (CBT) GROUP for depressed older adults.**

MEDICATIONS/DOSAGES:

ALLERGIES/DRUG REACTIONS:

MEDICAL / PSYCHIATRIC HISTORY: ***(PLEASE FORWARD ANY CONSULTATIONS)***

****PLEASE FORWARD MOST RECENT BLOODWORK AND ANY INVESTIGATIONS (I.E. CT SCAN, EKG, EEG,), WHICH HAVE BEEN COMPLETED. IF BLOODWORK/URINALYSIS HAVE NOT BEEN COMPLETED WITHIN THE PAST MONTH, WE WOULD RECOMMEND THE FOLLOWING:**

O **CBC WITH DIFF (WBC)**	O **ELECTROLYTES**	O **LIVER FUNCTION: (AST, ALT, GGT, ALP)**	O **RBC-FOLATE**
O **CREATININE/BUN**	O **TSH**	O **ALBUMIN**	O **URINE, R&M AND C&S**
O **CALCIUM**	O **B12**	O **GLUCOSE**	O

X

FAMILY PHYSICIAN SIGNATURE: **OHIP BILLING NUMBER:** **DATE:**

X

REFERRING PHYSICIAN SIGNATURE: **OHIP BILLING NUMBER:** **DATE:**

NIAGARA SENIORS MENTAL HEALTH OUTREACH PROGRAM
26 Hiscott St., Ste. 201, St. Catharines, ON L2R 1C6
Tel: 905-704-4068 **Fax: 905-704-4072**