Behavioural Supports **Ontario**

BSO Long Term Care Mobile Team Service Request

Client/ Resident Name: ☐ Male ☐ Female Date of Birth: Health Card Number: Version: Language barrier? ☐ Yes ☐ No Language: _____	Referring Facility/ Service: ☐ LTCH ☐ Acute Care ☐ CCAC ☐ Behavioural Unit Site: Contact Person: Phone: Email: Ext:

Diagnoses:

Behaviours Exhibited: ☐ Acute behaviour changes ☐ Agitation ☐ Delusions ☐ Depression ☐ Exit seeking ☐ Hallucinations	☐ Hoarding/rummaging ☐ Inappropriate disrobing ☐ Physically responsive behaviours ☐ Placement adjustment ☐ Repetitive vocalizations (calling out) ☐ Resistant to care	☐ Risk to others ☐ Sexual behaviour ☐ Transition ☐ Verbally responsive behaviours ☐ Other:

Concerns/Reasons for Referral:

Consent for Consultation Received From: ☐ Client/ Resident ☐ Family ☐ POA

Name: Phone Number:

Other Services Involved: ☐ BSO COT ☐ BSO Clinical Lead ☐ BSO Transitional Lead ☐ PRC/ Alzheimer's Society
☐ CCAC ☐ Geriatric Outreach/ Psychiatry ☐ Addiction Services ☐ Community Service Agency:

Status of the Checklist for HNHB Responsive Behaviours Protocol:
☐ Complete ☐ Started ☐ Not Started ☐ Requires support from BSO to complete

Please ensure the following is enclosed with your faxed referral:
☐ 5 days of behavioural charting (i.e., Dementia Observation System – DOS)

For Transition Referrals Only:
Eligible for LTC by CCAC: ☐ Yes ☐ No Bed offer made: ☐ Yes ☐ No
Please list LTCHs the client is on the wait list for:
1. 2.
3. 4.
OR is transition destination known? ☐ Yes ☐ No Location:
Date of Transition:
Included: ☐ Medical/ psychiatric history ☐ Recent lab results ☐ Recent investigations (Xray, CT, US)
☐ Cognitive test results ☐ Medication list

Fax Completed Referrals to: Brant: 519-753-7996 Burlington: 905-637-7514	Haldimand-Norfolk: 519-753-7996 Hamilton: 905-627-2722 Niagara: 905-937-7704

To qualify for this service, clients must be eligible for Long Term Care or living in a Long Term Care Home

Ontario
Local Health Integration Network