

IPCT Referral Form

Credit Valley Family Health Team Inter-professional Care Team
 Referral Criteria on Page 2; Fax: 905-813-4233

<p>BEFORE REFERRING, PLEASE CONFIRM PATIENT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has no duplication of services from other community agencies <input type="checkbox"/> Is not acutely ill with chest pain, fractures, severe pain, psychosis, active suicidal thoughts or other illnesses that will require emergency services <input type="checkbox"/> Is aware all IPCT services are covered by OHIP <input type="checkbox"/> Is 16 years of age or older <input type="checkbox"/> Does not have an active or pending MVA/WSIB/legal case 	<p>REFERRER INFORMATION:</p> <p>Physician /IHP name</p> <p>Printed _____</p> <p>Signature _____</p> <p>Referring Physician OHIP# _____</p> <p>Telephone _____</p> <p>Fax _____</p>
<p>PATIENT INFORMATION</p>	<p>DATE OF REFERRAL ____/____/____ MM/DD/YYYY</p>
<p>_____ LAST NAME, FIRST NAME</p>	<p>ADDRESS</p> <p>_____</p>
<p>OHIP # _____</p> <p>VERSION CODE _____</p> <p>DOB ____/____/____ MM/DD/YYYY</p> <p>SEX _____</p>	<p>PHONE #1 _____</p> <p>PHONE # 2 _____</p> <p>PREFERRED NAME _____</p> <p>EMAIL _____</p>
<p><input type="checkbox"/> Patient informed of referral</p>	<p>LANGUAGE SPOKEN</p> <ul style="list-style-type: none"> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER
<p>Reason for Referral (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietitian consultation ≥ 1 comorbidities <input type="checkbox"/> Counselling- <input type="checkbox"/> mental health <input type="checkbox"/> addiction <input type="checkbox"/> trauma <input type="checkbox"/> Chronic Disease Management <input type="checkbox"/> Comprehensive Seniors Consultation <input type="checkbox"/> Palliative care <input type="checkbox"/> STOP program (smoking cessation) <input type="checkbox"/> Function/ mobility <input type="checkbox"/> Acute/Chronic MSK <p>Care Team: Social Worker, Physiotherapist, Occupational Therapist, Registered Nurse, Nurse Practitioner, and Registered Dietitian, Primary Care Pharmacist</p>	<p>Reason(s) for Referral</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attach supporting documents (within last year): patient profile, med list, consults, recent labs/diagnostics</p> <p>Cross referrals may be initiated to other CVFHT programming and/or IHP to address client goals/needs</p>

Program Referral Criteria

Dietitian Consultation

- Chronic disease or conditions such as Hypertension, Dyslipidemia, obesity, CHF/stroke
- Healthy eating advice/ IBS /Digestive disorders/Celiac disease/Gall stones/Fatty liver/Malnutrition
- Vitamin K/INR/Nutritional deficiencies
- PCOS
- Kidney disease stage 1&2
- Food insecurity * Exclusion- Diabetes and Pre-diabetes

STOP- Smoking Cessation (One to One Session)

- Smokers who would like to quit and those who wish to remain smoke free

Chronic Disease Management

- 2 or more chronic diseases i.e.: HTN, CHF, OA, Dyslipidemia, Dementia, CRF
- At least 3 indicators of Frailty: weakness, fatigue, weight loss/malnutrition, decreased physical activity, poor balance, visual impairment, cognitive impairment, falls risk
- 3 or more ER visits in past 6 months
- Polypharmacy/complex medication regime
- Presence of a life-limiting illness (non-cancerous)
- Early identification of palliative disease

Seniors Care

- Adults ≥ 55 years old
- Seniors at risk
- Seniors with co-morbidities, dementia, fall risk, experiencing isolation/living alone, recently immigrated, osteoporosis, weight loss, recurrent infection, functional decline, caregiver(s) having difficulty coping
- Mental health and/or psychosocial issues, crisis or any major events that affects the ability to manage at home
- Recent repeated ED or hospital admission (<30 days) that may benefit from specialized out-patient follow up

Rehabilitation Services (OT & PT)

- Not currently receiving occupational therapy or/and physiotherapy
- No access by extended health benefits, out-of-pocket or government-funded options
- Not a recipient of Ontario Works or Ontario Disability Support Program
- Patient goals are to improve/maintain function &/or quality of life
- 19-64 years who need acute or chronic MSK care
- 65+ years with a stable chronic condition and no recent functional decline or worsening of condition
- No recent hospital discharge related to the referral
- Medically, cognitively and functionally able to access and exercise in a community setting

Social Work Counselling Services

- Mild to severe mental health conditions (Note: acute mental health crisis is an exclusion)
- Substance use and or process addictions (drugs/alcohol, shopping, gaming, social media, internet, gambling)
- Trauma processing
- Individual and group service offerings
- System navigation

Palliative Program

- Presence of a progressive life limiting illness (cancer or non-cancer)
- Prognosis or PPS 50% or less
Requires palliative pain and symptom management