

REFERRAL INFORMATION

DATE:	PHONE:
REFERRER NAME/ROLE:	FAX:
LTCH:	EMAIL:
PREFERRED DATE/TIME TO CONTACT TO BEGIN THE INTAKE PROCESS:	

PoA/SDM INFORMATION

CONSENT FOR REFERRAL PROVIDED BY:	RESIDENT	PoA	SDM
NAME:	PHONE:		
RELATIONSHIP:	EMAIL:		
CONTACT DETAILS: <i>call time, leaving voicemail</i>			

RESIDENT INFORMATION

NAME:	GENDER:	MARITAL STATUS:
DOB:	HEALTH CARD NUMBER:	
UNIT/FLOOR:	ROOM #:	SECURE
LANGUAGE:	CURRENT DELIRUM RULED OUT	
INTEPRPRETER REQUIRED:	YES	NO

TRANSITION INFORMATION

NEW TRANSITION:	YES	NO	LTCH ADMIT DATE:
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REASON FOR REFERRAL

NEW TRANSITION
 NEW BEHAVIOUR LESS THAN 2 WEEKS
 RESPONSIVE BEHAVIOUR INCREASED FREQUENCY/INTENSITY
 ONGOING BEHAVIOURS, GREATER THAN 1 MONTH

RESPONSIVE BEHAVIOURS: *Check to indicate new or increased frequency/intensity behaviour*

Shouting, cursing, threatening others	Repetitive fidgeting, picking, rummaging, moving items
Destroying property	Disrobing, exposing self
Hitting, kicking, scratching, grabbing, pushing, biting others	Unwanted sexual touching, or requests for sexual activity
Hitting, scratching, injuring self	Refusing care, bathing, meals, medications Aimless
Rude, critical, insulting, complaining	pacing, wandering
Repetitive calling out, crying	Exit seeking



BEHAVIOUR SUPPORTS ONTARIO
CENTRAL ACCESS REFERRAL
LONG TERM CARE FORM

FAX COMPLETED FORM TO:
1 844 834 4638 (Toll Free)

COMMENTS:

HEALTH STATUS

Current Health Conditions:

COGNITIVE / MENTAL HEALTH DIAGNOSIS

DETAILS

Dementia Type

Neurological Condition

Mental Health Diagnosis

Substance Use

RISK/SAFETY CONCERNS

RESIDENT

- Exit seeking
- Suicidal statements/attempt
- Harm to others - physical

STAFF/CAREPROVIDERS

- Communicable diseases
- Harm to others

ADDITIONAL CONCERNS

- Hallucinations, delusions, illusions
- Mobility, falls
- Reduced appetite/fluid-food intake

DETAILS:

CURRENT SUPPORTS — *Please check involved programs only*

Behaviour Support Resource Team (*LTC embedded*)

Geriatric Mental Health Team - GMOT

Psycho- Geriatric Resource Consultant - PRC

Pain and Palliative Care Team - PCC

Nurse Led Outreach Team - NLOT

LOFT BSTR / BSS Community Team / IPOP

ATTACHED DOCUMENTS

Please note the inclusion of relevant information related to the responsive behaviour(s) will help to expedite the Intake process.

- CURRENT MEDICATION LIST
- BSO-DOS
- PCC NOTES (2 WEEKS' WORTH)
- ANY COMPLETED BEHAVIOURAL ASSESSMENT

- LABS
- HOSPITAL REPORTS
- OTHERS