North Shore Home and Community Care
part of the Vancouver Coastal Health Authority

# NORTH SHORE HOME AND COMMUNITY CARE REFERRAL

**FOR INTAKE USE ONLY**

**PARIS #:**_____

**AMBULATORY** ☐ **HOME** ☐ **AREA** ☐

**DATE REFERRAL RECEIVED:**

**PATIENT DETAILS** *(print or stamp)* **ALLERGIES:** _____

Name: _____ ☐ M ☐ F DOB *(d/m/y)*: _____

Address: _____

Tel: _____ Cell: _____

Primary Contact Name: _____ Relationship: _____

Tel: _____ Cell: _____

GP: Phone: PHN:

**PERSON SUBMITTING REFERRAL**

Name: _____ Tel: _____

Pager: Department:

**REASON FOR REFERRAL:**

Date 1st visit requested *(d/m/y)*:

**DISCIPLINE REQUESTED**

☐ **Nursing** ☐ **OT** ☐ **PT** ☐ **Long Term Care** ☐ **Home Support** ☐ **Dietitian**

*(Attach information to support your request)*

**DIAGNOSTIC IMAGING ONLY**

Date procedure booked *(d/m/y)*: *(please notify INTAKE of changes)*

**MEDICAL HISTORY AND DIAGNOSIS** *(please list current conditions and attach recent consults)*

**Is this client palliative?** ☐ **Yes** ☐ **No**

**CURRENT MEDICATIONS** *(please attach list)*

**PHYSICIAN ORDERS** *(please attach all supporting documents and any additional information)*

☐ ***CVC CARE*** *(attach CVC referral form and radiology reports)*

☐ ***PLEURX DRAIN CARE*** *(attach pre-printed physician orders & radioogy reports)*

☐ ***OTHER***

****MANDATORY****

**Responsible Community Physician name** *(print)*: _____

**Physician Signature:** _____

**Date:** _____

*All physician orders are as per VCH protocols and are valid for 12 months after which updated orders are required*

**Fax to Central Intake: 604-983-6886. For urgent referrals also call Central Intake: 604-983-6740.**
**For LGH Diagnostic Imaging fax to: 604-984-5777.**

## ADMISSION CRITERIA AND DESCRIPTION OF SERVICES

- On receipt of a completed referral form the H&CC Intake nurse will complete an assessment of the client's needs to determine the eligibility for admission to North Shore Home and Community Care
- The goal for clients should be towards independence and self-care whenever possible and we strongly encourage family involvement
- The first choice of location for care is in our ambulatory setting reserving home visits for the chronically ill, immobile or bed bound clients
- We are not an emergency service and follow strict priority guidelines. Clients need to be aware that they will not get an immediate appointment on our receipt of a written referral unless it is deemed URGENT and there has been a discussion between the referring professional and our INTAKE staff
- We do not have the resources to monitor vital signs, give s/c injections, monitor blood sugars or give insulin injections, attend to uncomplicated post operative incisions or chronic superficial wounds

### Listed below is a description of our services to help you when making a referral

| | |
|---|---|
| **HOME CARE NURSING**<br><br>**The primary setting for community nursing is in our Ambulatory clinics** | **Wound care**<br>**Home IV Therapy**<br>**Continence Management, catheter changes Chronic Disease Symptom Management**<br>**Medication Management**<br>**Palliative Care** |
| **OCCUPATIONAL THERAPY** | **Risk of Falls/safety assessment**<br>**Transfers**<br>**Skin integrity assessment**<br>**Equipment/funding** |
| **PHYSIOTHERAPY** | **Safety assessment**<br>**Mobility**<br>**Post op fractures/ROM** |
| **LONG TERM CARE** | **Assessment for home support**<br>**Assisted Living**<br>**Facility placement**<br>**Adult Day Programs** |
| **DIETITIAN** | **Swallowing assessment**<br>**Tube feeds**<br>**Nutritional assessment**<br>**Weight management** |