



Community Health Services

**Health Services on Elgin Referral Form**

Office Telephone: 204-940-1637 Fax: 204-940-8731

Date: 

D	D	M	M	Y	Y	Y	Y

 Time: 

24 HOUR					

Client Phone: 

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Alternate Contact: \_\_\_\_\_

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

MFRN

PHIN

Address

Phone: 

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Individual has given permission to contact  Yes  No

Primary Care Provider	Person Completing Referral																												
Name: _____	Clinic Name: _____																												
Address: _____	Phone: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																												
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Pharmacy: _____																													

<b>Is patient aware of the referral?</b> <b>Family/Caregiver support?</b> <b>Interpreter required?</b> <b>Does patient have private insurance coverage? (e.g. Blue Cross)</b> <b>Note:</b> Individuals with private insurance or other means should be directed to use those options prior to referral. <b>Is patient appropriate for group education?</b> <b>Is the referral urgent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
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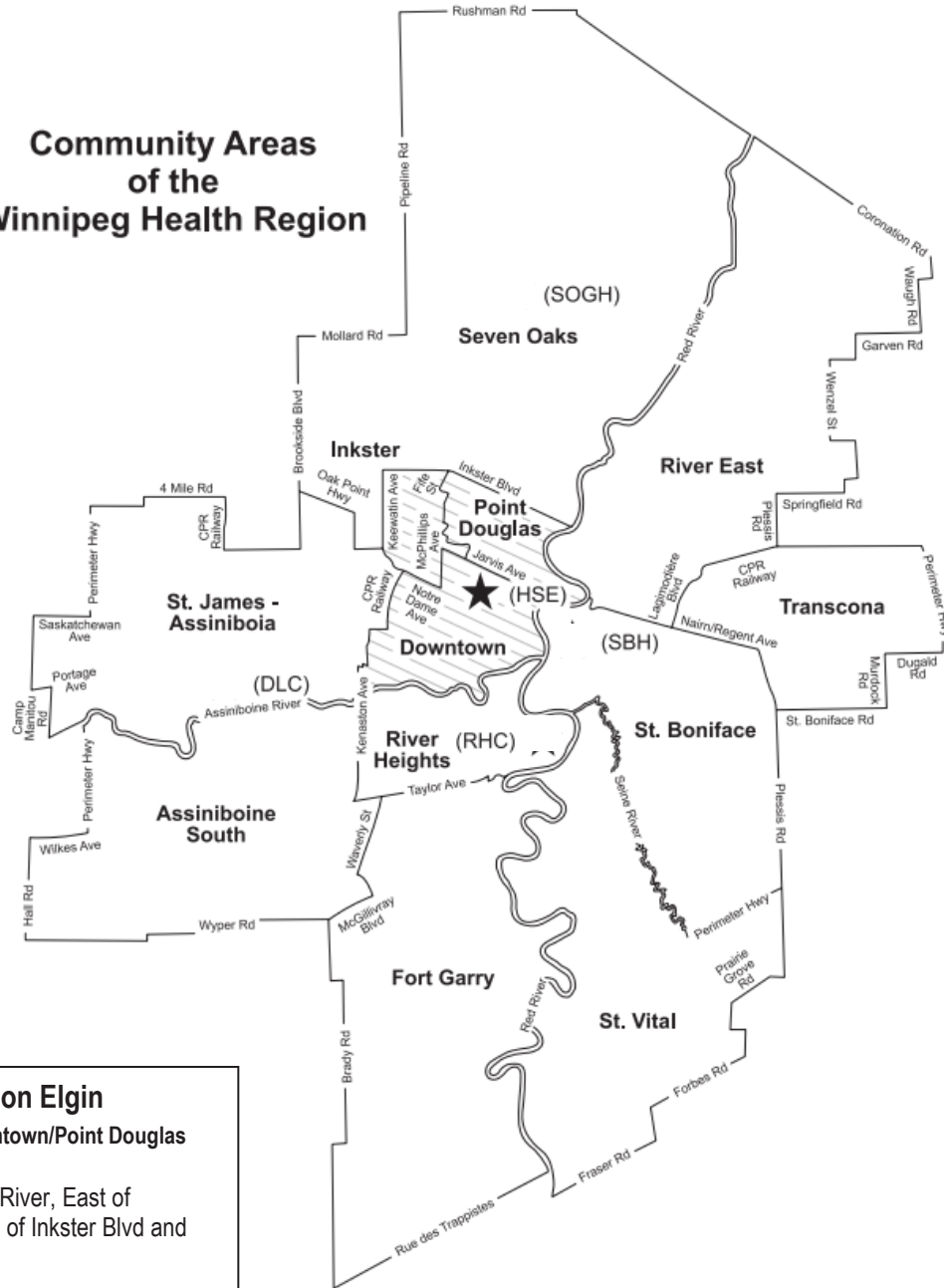
**Reason for Referral:** \*Patient must be 18 years of age or older at the time of referral to be referred to Health Services on Elgin\*

*Attach required information: Current Medication List and History of Diagnoses*

<b>Physiotherapy</b>	<input type="checkbox"/> Assessment (Gait, Mobility, Falls Risk) <input type="checkbox"/> Activity/Exercise Goal Setting for Chronic conditions (diabetes, obesity, chronic obstructive pulmonary disease, congestive heart failure, centralized pain) <input type="checkbox"/> General Mobility/Transfer Assessment
<b>Occupational Therapy</b>	<input type="checkbox"/> Cognitive Assessment <input type="checkbox"/> Home safety concerns <input type="checkbox"/> Mobility/transfers <input type="checkbox"/> Falls risk <input type="checkbox"/> Self-care (Activities of Daily Living) <input type="checkbox"/> Caregiver support <input type="checkbox"/> Adaptive Aids
<b>Nursing</b>	<input type="checkbox"/> Medication Management/Education <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Chronic Disease Management <input type="checkbox"/> Foot Care Assessment, Management <input type="checkbox"/> Support in Regular Medical Follow-Up, Connection to Primary Care, Continuity of Care with Family Physician
<b>Community Health Outreach</b>	<input type="checkbox"/> Commit to Quit Smoking Cessation <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Transportation Resources <input type="checkbox"/> Community-Based Resources <input type="checkbox"/> Financial Support (e.g. Rent Assist, Income Tax) <input type="checkbox"/> Form and Applications Support (e.g. Housing, Transit Plus, Leisure/Recreational Programs) <input type="checkbox"/> Support with Identification (e.g. Manitoba Health Card, Birth Certificate)
<b>Geriatrics</b> <b>Note:</b> Patient must be 65+ to be referred	<input type="checkbox"/> Polypharmacy and deprescribing <input type="checkbox"/> Assessment (e.g. new falls, functional decline of unknown or complex cause)
<b>GROUP EDUCATION</b>	<input type="checkbox"/> Falls Prevention Education and awareness of fall risks. Individualized planning and interventions to assist with falls Program Length: 12 weeks  <input type="checkbox"/> General Conditioning Structural exercise program with emphasis on strength, endurance and flexibility. Program Length: 12 weeks



## Community Areas of the Winnipeg Health Region



**Health Services on Elgin Catchment: Downtown/Point Douglas**

North of Assiniboine River, East of Keewatin Ave, South of Inkster Blvd and West of Red River