



COMOX VALLEY REFERRAL FORM
FAX TO: 250-331-8569

Last Name:		First Name:		Date of Birth: (dd/mm/yy)
Address: (incl. postal code)				MRN (if applicable):
Home Phone:	mmsg ok?	Cell Phone:	Lives alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHN:
Alternate Contact:	Relationship to Client/Patient:		Alternate - Home Phone:	Alternate - Cell Phone:

Reason for Referral/Major Concern: Comment on the condition of your client/patient, the desired outcome and attach all relevant test results

Please indicate what Island Health Service(s) your client/patient requires:

COMMUNITY HEALTH SERVICES - enables individuals with health-related problems to remain independent in their own homes.
Questions: (250) 331-8570

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| <input type="checkbox"/> Assessment - to determine most appropriate services (client/patient will then be referred to services) | <input type="checkbox"/> Home Support | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Community Rehabilitation | Geriatric Specialty Services |
| <ul style="list-style-type: none"> • Adult Day Program • Assisted Living • Residential Care Access • Facility Respite | <ul style="list-style-type: none"> • Personal Care • Respite | <ul style="list-style-type: none"> <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Geriatric Psychiatry |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Social Work | Dietitian |
| <ul style="list-style-type: none"> • Home Health Monitoring Program*See 2nd page • Home-Based Wound Care • Ambulatory Clinic • Community Nurse Practitioner*See 2nd page • Medication Management • Palliative Care*<u>attach end of life forms:</u>
DNR, PBF, Expected Death at Home | <ul style="list-style-type: none"> • Home Safety • Equipment Needs • Mobility • Exercises <p>Includes adult abuse, neglect and self-neglect concerns</p> | <p>*<u>Attach consult letter, all relevant test results and Patient Assessment must be completed, see 2nd page</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> For frail seniors <input type="checkbox"/> For people with dysphagia |

MENTAL HEALTH & SUBSTANCE USE – multidisciplinary services for adults 19+ years with mental health and substance use problems.
Questions: (250) 331-8524

- Intake Assessment – screening and service matching
- Adult Group Therapy Program
- Collaborative Care: 1-3 psychiatrist consultations*Patient Assessment must be completed, see 2nd page

COMOX VALLEY NURSING CENTRE
Questions: (250) 331-8502

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| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Chronic Pain Services | <input type="checkbox"/> Health Connections Clinic |
| <ul style="list-style-type: none"> Individual management & support by RN & access to: <ul style="list-style-type: none"> • COPD Support Group • Osteoporosis Support Group | <ul style="list-style-type: none"> Individual management & support by RN & access to: <ul style="list-style-type: none"> • Multidisciplinary Pain Management Team • Education Series • Support Group • Relaxation Therapy Program • Super 6 Exercise Program | <ul style="list-style-type: none"> Team-based Primary Health Care*See 2nd page |
| RN drop-in services Mon, Wed, Frid, 1-4 pm | | <input type="checkbox"/> Men's Support |
| | | <input type="checkbox"/> Drop-in & booked appointments |

WELLNESS CENTRE at Comox Valley Hospital

- Dietitian Outpatient Nutrition Services – all ages and medical diagnoses (except clients/patients with Diabetes or Eating Disorders – refer to those specific services). Include applicable medical history, lab data, medications. Minimum of 1 week notice required for clients/patients having a new feeding tube inserted. Questions: (250) 331-5900 ext. 65242
- North Island Eating Disorders – adult and youth. Questions: (250) 331-5900 ext. 65325

Date of Referral:	Referred by (name) & Organization/or Clinic:	Physician/NP Stamp and Signature (if appropriate):
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GERIATRIC OR COLLABORATIVE CARE (ADULT PSYCHIATRY) SPECIALTY SERVICES - THE FOLLOWING INFORMATION IS REQUIRED

***Geriatric Specialty Services** (GSS) includes specialized care for seniors who are complex with unstable, often co-morbid psychiatric and/or medical issues, frailty and/or functional decline. Referrals for a Geriatric Psychiatrist or Geriatrician must come from a Physician. The specialists do work within an inter-professional team to assess and manage complex psychiatric and medical conditions for elderly clients.

Please complete this Client/Patient Assessment for:

<input type="checkbox"/> Geriatric Medicine (GSS)	<input type="checkbox"/> Geriatric Psychiatry (GSS)	<input type="checkbox"/> Collaborative Care (Adult Psychiatry)
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Check all that apply:

- Safety issues (*elder abuse, wandering risk, fire, etc.*)
- Aggressive or psychotic behavior
- Mood disorder
- Previous psychiatric involvement (include consults)
- Drug or alcohol abuse
- History of falls
- Complex medical/health
- Psychological trauma
- Interpersonal conflict
- Cognitive issues (Geriatric Specialty Services only)
- Dementia (Geriatric Specialty Services only)
- Mobility issues (Geriatric Specialty Services only)

Descriptions of Roles

Home Health Monitoring Program* - people living with **heart failure, COPD** or **diabetes** who are having trouble managing their conditions and/or at risk to present to the ED. Clients learn how to better manage their condition at home with remote monitoring. The aim is to improve client's/patient's knowledge of their chronic disease and increase their ability to self-manage. Easy to use equipment is installed in the home.

Community Nurse Practitioner* - works as a member of an interprofessional and integrated primary and community care team focusing on the **frail elderly** with complex, high intensity co-morbidities requiring intensive medical care and chronic disease management.

Team-based Primary Health Care* - low barrier, multi-interdisciplinary team-based primary care.