

**Scarborough Ontario Health Remote Care Monitoring (RCM) Referral Form**

PATIENT INFORMATION

Referral Date : \_\_\_\_\_

LAST NAME	FIRST NAME	DATE OF BIRTH (DD MM YYYY)
HEALTH CARD NUMBER (OHIP)	VC	
ADDRESS	CITY	
POSTAL CODE	PRIMARY PHONE NUMBER	EMAIL:
FIRST LANGUAGE	SECOND LANGUAGE	

**\*Referral requirements: Physician or Nurse Practitioner referral required**

\*\*\*Exception- anyone can refer unattached Patients

**ELIGIBILITY FOR Scarborough Ontario Health Team's Remote Care Monitoring (RCM) SERVICES**

- Frail Seniors     
  Unattached Patient (No Physician)     
  Patient with COVID Long Haul

Please check off all related Frailty/ Geriatric Syndromes

<input type="checkbox"/> Weakness (low grip strength)	<input type="checkbox"/> cognitive impairment, delirium
<input type="checkbox"/> Self-reported exhaustion (low energy)	<input type="checkbox"/> loss of social resources and supports
<input type="checkbox"/> slowed walking speed	<input type="checkbox"/> Increased falls
<input type="checkbox"/> low physical activity	<input type="checkbox"/> Increased susceptibility to side effects of medication
<input type="checkbox"/> unintentional weight loss (Lost > 10 pounds unintentionally in last year)	<input type="checkbox"/> Others: Please Specify:
<input type="checkbox"/> Caregiver strain	_____
<input type="checkbox"/> Functional decline	

**Recent Hospitalization/ED admission**

	Yes, No	Details
Emergency Department Visit in the last 90 days		
Hospital discharged ( e.g. surgeries, admission after ED visit) in the last 90 days		

**Reason for REFERRAL**

- covid long haul + homebound senior     
  Homebound senior with a chronic medical problem that needs remote Monitoring ( e.g. Falls, Dementia, Reduced Cognition, Mental Illness, Pain, bedsores)

\*\*\*\*\*Exclusion criteria\*\*\*\*\*

- Clients younger than 55 years of age will not be considered
- Clients with acute medical issues that require urgent medical intervention (i.e. Unstable vital signs, excessive shortness of breath, heart failure)
- Client is already participating in another remote monitoring program (ie. Home and Community Care Support Services Remote Care Monitoring)

**Recommended level of Monitoring: (e.g. 2 times per week) \*\* please complete**

Frequency/ recommendation/ area of focus:
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**REFERRER'S INFORMATION**

NAME:	ORGANIZATION:	CPSO/CNO NUMBER:
POSITION:	OTHER DESCRIPTION:	NAME/ADDRESS STAMP
ADDRESS:		
PHONE NUMBER:	FAX PHONE NUMBER:	

**PRIMARY CARE PROVIDER'S INFORMATION**
 Same as above

 PRIMARY CARE PROVIDER Consents to the RCM Program participation for the following Capacity:

- i) Provide an initial call introduction call regarding Patients history to the Monitoring team ( including sharing of Charts e.g. Cumulative Patient Profile CPP )
- ii) Act as the Clinical person for Escalation

NAME	CPSO/CNO NUMBER
ADDRESS	

 Current medication list attached (or can be recorded below).

 Consent to contact pharmacy for medication list

 Please Fax to **(437) 703-9848**

**NEW SERVICES TO SEE WHAT PATIENT WILL QUALIFY FOR (Complete by Physician) :**

Service Request	Cost	Details
<input type="checkbox"/> * SOHT Remote Patient Monitoring program (RCM) *** REQUIRED**	<b>No cost</b>	
<b><u>HCCSS Referral</u></b>		
<input type="checkbox"/> Personal Support (PS)	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Nursing (NS)	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Physiotherapy	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Occupational Therapy	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Social Worker (SW)	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Speech-Language Pathology (SLP)	<b>No cost, Subject to HCCSS assessment</b>	
<input type="checkbox"/> Registered Dietitian (DT)	<b>No cost, Subject to HCCSS assessment</b>	
<b><u>Community Support and Service</u></b>		
<input type="checkbox"/> Meals on Wheels	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Homemaking (Cleaning and Laundry)	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Respite (personal care)	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Transportation	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Home maintenance (snow removal and lawn work)	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Volunteer (check-ins, friendly visits)	<b>No cost</b>	
<b><u>Medical Services</u></b>		
<input type="checkbox"/> Foot Care	<b><u>Fee may apply</u></b>	
<b><u>Caregiver Supports</u></b>		
<input type="checkbox"/> Adult Day Programs	<b><u>Fee may apply, Subject to assessment</u></b>	
<input type="checkbox"/> Night Programs	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Respite Beds	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Actively program	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Caregiver support – workshops and counselling	<b>No cost</b>	
<b><u>Equipment and Supplies</u></b>		
<input type="checkbox"/> Medical Supplies	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Medical Alert Systems	<b><u>Fee may apply</u></b>	
<b><u>Other Services (i.e. new types of services)</u></b>		
<input type="checkbox"/> GAIN (Geriatric Assessment and Intervention Network) – Specialized Geriatric NP-Led inter-professional Clinic/Community Team	<b>No cost, Subject to assessment</b>	
<input type="checkbox"/> Diabetes education - free	<b>No cost</b>	
<input type="checkbox"/> Case management/counselling	<b>No cost, Subject to assessment</b>	
<input type="checkbox"/> Health promotion (self-management) workshops/programs – ex. Chronic illness, diabetes, chronic pain, falls prevention	<b>No cost</b>	
<input type="checkbox"/> Recreational/Wellness programs – membership required	<b><u>Fee may apply</u></b>	
<input type="checkbox"/> Mental Health & Substance use Wellness	<b>No cost</b>	
<input type="checkbox"/> Safety/Wellness Checks	<b>No cost</b>	
<input type="checkbox"/> Bereavement Supports	<b>No cost</b>	
<input type="checkbox"/> Others: _____ _____		

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 E referral link - [https://oceanhealthmap.ca/referrals/NewReferral.html?rtRef=soht\\_rcm\\_css\\_intake-39525510](https://oceanhealthmap.ca/referrals/NewReferral.html?rtRef=soht_rcm_css_intake-39525510)