Hamilton Niagara Haldimand Brant CCAC CASC

# Community Medical Referral Form - Primary Care

Thank you for your referral. HNHB CCAC will assess your patient and develop a care plan including type, frequency, location and health teaching as appropriate. For questions please call 1-800-810-0000 from 8:30am - 8:30pm, 7 days a week.

**Please print or complete electronically and fax to 1-866-655-6402:**

**Patient Name:** _____ **HCN:** _____ **VC:** _____ **DOB:** _____

**Address:** _____ **City:** _____ **Postal Code:** _____

☐ The patient or lawfully authorized substitute decision maker has consented to this referral

☐ Please contact the person below (rather than the patient) for assessment, due to:

☐ Patient Preference ☐ Hearing Difficulties ☐ Cognitive Status

☐ Language Difficulties ☐ Other: _____

Contact Person: _____ Relationship: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Primary Care Physician: _____ Phone: _____

**Diagnosis:**

**Surgical Procedure and Date:**

**Reason for Referral to CCAC:**

- ☐ Activities of Daily Living
- ☐ Behavioural Supports (e.g. BSO)
- ☐ Chronic Disease Management
- ☐ Community Support Services/ Resources
- ☐ Dementia/ Memory Impairment
- ☐ Health Link Patient
- ☐ Home Safety
- ☐ Housing Options
- ☐ Medication Management
- ☐ Mobility/ Risk of Falls
- ☐ Pain Management
- ☐ Palliative Care/ End of Life - PPS%: _____
- ☐ Social Isolation
- ☐ Strengthening
- ☐ Wound Care
- ☐ Other: _____

**Allergies:**

**Diagnosis Discussed:**

With Patient: ☐ Yes ☐ No

With Family: ☐ Yes ☐ No

**Prognosis:**

Improved: ☐

Remain Stable: ☐

Deterioration: ☐

**Prognosis Discussed:**

With Patient: ☐ Yes ☐ No

With Family: ☐ Yes ☐ No

**Degree of Weight Bearing:**

☐ Full ☐ Partial

☐ Feather ☐ None

**Activities Permitted:**

**Diet:**

## Medical Orders

☐ Additional information attached. Total Number of Pages: ____

**Name:** _____ ☐ **MD** ☐ **NP** **Telephone:** _____

(Please Print)

**Signature:** _____ **Date:** _____ **CPSO/ CNO#:** _____

HNHB CCAC Website CCAC Billing Codes