

Scarborough Interprofessional Primary Care Program

CLINIC USE ONLY
Date Received: _____ <small>DDMMYY</small>
Appt. Date: _____ <small>DDMMYY</small>
Copy sent to Physician: _____ <small>DDMMYY</small>

Referral Form

• Fax: 416 410 7072. • Phone: 416-847-4165

* Please see referral criteria on page 2

PATIENT INFORMATION: Patient Informed of Referral: Yes No

OHIP # _____ VC: _____ EXP: _____
MMYYYY

Last name: _____ First name: _____
 Not Insured IFH

Address: _____
Street CITY/town postal code

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

DOB: _____ Male Female Transgender
DDMMYYYY

Indicate Preferred Language for services: _____

Allergies: _____ NKA Email: _____

REFERRALS TO:

- Mental Health
- Women's Health
- Chronic Disease Management
- Harm Reduction
- Nutrition
- Other _____

REASON FOR REFERRAL:

CARE PROVIDERS:

Social Worker, Harm Reduction Worker, Mental Health Case Worker,
Physiotherapist, Occupational Therapist, Registered Nurse
Nurse Practitioner, Foot Care Nurse, Chiropodist, Registered Dietitian

RELEVANT MEDICAL HISTORY/MEDICATION

PRIVATE INSURANCE:

- Client has private insurance/benefits
- Percentage of private insurance _____%
- No private insurance

REFERRING primary care provider (other than PCP):

Name: _____ Phone: _____
Address: _____ Fax: _____

In order to serve your clients better the Interprofessional Primary Care (IPC) team would like to initiate referrals to other healthcare professionals within the IPC Team and SCHC programs based on client goals.

Please check here if you agree to referrals to other services

Eligibility Criteria – IPC Program

1. (a) Client and referring primary care provider are located in Scarborough.
1. (b) Referring primary care provider is located in Scarborough but client lives outside of Scarborough.
1. (c) Referring primary care provider is located outside of Scarborough but client lives in Scarborough.
2. Focus on solo primary care providers who have no access to interprofessional teams.
3. Prioritize/triage based on client complexity and risk for access to service.

Target Population	Clients with 2 or more chronic and complex health conditions.		
Identified Sub-Groups	Mental Health & Addiction	Frail Seniors	Vascular Health
Considerations	<p>Consider patients or clients with:</p> <ul style="list-style-type: none"> Economic characteristics (low income, median household income, government transfers as a proportion of income, unemployment) Social determinants (housing, living alone, language, immigration, community, food insecurity, social services, etc.) 		

Social Economic Stress Risk Factors (examples)			
	Government Payments as a High % of Income		Household in Need of Repair
	Socially Isolated		Low Education Level
	Low Household Income		Low Individual Income
	No Knowledge of Official Languages		Newcomer/Refugee
	Unemployment		Food Insecurity
			Other

Complex Health & Social Concerns