

Community Referral Form

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Client Name (last, first): _____

Date of Referral (dd/mm/yy): _____

Source of Referral: Health Care Provider Shelter Drop-in Outreach
 Self Other _____

Referring Agency: _____ Phone #: _____

Referee Name: _____ Referee Title: _____

D.O.B. (dd/mm/yy): _____ OHIP #/Health Insurance: _____

Drug Coverage ODB Other: _____ None

Income Source: _____

Health Care System contacts (name/phone number): _____

Client's Living Situation: Homeless Under housed

Current Living Situation or Address: _____

Reason For Referral: _____

Presenting Health Issues: _____

Other Relevant Information: _____

Medications : (if known) _____

Infectious Disease Risk:

TB status _____

Last PPD _____ Last CXR _____

MRSA _____ VRE _____

C. Difficile _____ Other _____

Daily Living Skills: Is the client independent in self care? Yes No

Independently mobile? Yes No

Assistance Required: _____

Assistive Devices (please list): _____

CCAC Referral Made: Yes No Service Start Date: _____

Mental Health Issues: Yes No

Safety Risks: Yes No Unknown

If yes, please describe symptoms or behaviours:

If yes, please describe:

Current Substance Use: Yes No

Preferred Substance(s): _____

Pattern of Use: _____

See Second Page for Referral information, Admission Criteria, TB policy and signature.



Sherbourne Health Centre's Infirmiry Program

The Sherbourne Health Centre infirmiry is a 24 hour/day program for homeless and under housed persons to stay when they are recovering from an acute medical condition or illness and have no place to go to adequately recuperate. It is a small health facility for all genders, designed with communal pods to allow for privacy and to meet the needs of different service users. The infirmiry is a therapeutic, non-hospital environment. Nursing staff will be available 24 hours a day and linkages will be made within Sherbourne Health Centre and the community. Referrals can be made directly from hospitals, shelters, drop-ins, community outreach workers, and from individuals directly needing such care.

General Admission Criteria

- must have an acute medical problem and be in need of short-term recuperative care
- must be medically and psychiatrically stable enough to receive care in a communal setting.
- must not require acute or hospital based care
- must be independent in self care and must be mobile.

Referral Process

- 1) Please fax completed referrals to 416 324 4258. An Infirmiry staff member will make contact to discuss the referral and clarify details if required, and if necessary may elect to make face to face contact with the person being referred.
- 2) Admission will only occur after the SHC's Infirmiry staff have agreed to accept the client.
- 3) Admissions and referral processing will occur Monday to Thursday only, between the hours of 9 and 3 pm.

Paperwork to accompany Referral Form and required Prior to Admission

FOR: Community Agency Referrals

- 1) Pertinent social service information
- 2) Follow up appointments or referrals
- 2) Contact Information for client

FOR: Health Care Provider Referrals

- 1) Relevant clinical information, including laboratory, diagnostic data
- 2) Copies of recent hospital or Emergency visit records
- 3) Consultation information
- 4) Follow up appointments or referrals

Continuity of Care

At Sherbourne Health Centre, we wish to promote continuity of care. It is our understanding that if you are referring your client that he/she will be welcome to return to your agency or practice after being discharged from the Infirmiry Program.

Date _____

Referee _____

Signature _____