SENIORS COMMUNITY SUPPORT PROGRAMS

REFERRAL FORM

(Social & Congregate Dining, Day Program, Assisted Living Services)

WENDAT Community Programs
Providing Services for Seniors and Adult Mental Health Services in North Simcoe-Muskoka

Referred by:
Organization name and address:
_____
_____
_____

Date of Referral: _____
Referral Contact:
Name: _____
Phone #: _____
Fax # _____

Client Information:

Client name: _____ DOB: _____ HC# _____

Address: _____ Marital Status _____ Gender: M □ F □ Other □
_____

Phone: _____ Language at birth: _____
Present language(s) of communication: __
_____

Aboriginal origin: Y □ N □ U/K □
Veteran: Y □ N □ U/K □
Cultural Needs: Y □ N □ U/K □ specify _____
Spiritual Needs: Y □ N □ U/K □ specify _____

Is this person Capable for:
Personal Care/Treatment: Y □ N □ U/K □ Property: Y □ N □ U/K □

Contact Person

_____
(Name and relationship))

_____
(Address)

_____
(Telephone)

Contact Person

_____
(Name and relationship)

_____
(Address)

_____
(Telephone)

Alternate Contact Person: _____ _____
(Name) (Telephone)

_____ _____
(Address) (Relationship)

Are there any outstanding legal issues? (Please elaborate) _____

_____

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History of Hospitalizations:

# of in-patient admissions within past year? _____

# of ER visits within past year? _____

Diagnoses: _____

_____

Family Physician/Psychiatrist:

_____
(Name)

_____ _____
(Address) (Telephone)

Medications: (Prescribed): **Allergies:** _____

_____
_____
_____
_____

OTC: Y □ N □ U/K □ _____

Herbal: Y □ N □ U/K □ _____

Reason for Referral :

Program requested:	**Areas of concern:**	
□Social and Congregate Dining □ Day Programming □ Assisted Living Service	□ Falls □ Caregiver burnout □ Disease management □ Substance Use □ Safety in Home □ Medication management □ Social Isolation/activation □ Behavioural changes □ Pets	□ Financial □ Nutrition □ Neglect □ Housekeeping □ Memory changes □ Loss □ Health Teaching
Additional services Requested: □ Medication/chronic disease monitoring □ Culturally specific social integration		
_____ _____ _____	_____ _____ _____ _____	

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Formal Supports/Services Involved:

□ CCAC □ Alzheimer's □ Day Out □ Private Homemaker
□ CMHA □ MHCP □ CLH
□ CNIB □ Respite □ Rehab □ Wendat
□ Other _____
_____

Informal Supports Involved:

□ Family □ Friends □ Neighbors □ Volunteers
□ Other _____
_____

Present accommodation:

□ Private house/apt □ Retirement Home □ Long Term Care
□ HSC □ Ontario Housing □ Supportive Housing
□ Group Home □ Psych Hosp □ Chronic Care
□ General Hosp □ Homeless □ Hostel/Shelter
□ Other _____
_____

Living Arrangement:

□ Alone □ Spouse/Partner □ Spouse/Partner and Others
□ Children □ Relatives □ Non-Relatives

Highest level of Education attained:

☐ No formal Schooling ☐ Some Elementary/Junior High ☐ Elementary/Junior High
☐ Some Secondary/High School ☐ Secondary/High School ☐ Some College/University
☐ Community College ☐ University ☐ Other: _____
☐ Unknown or Service Recipient Declined

Primary Income Source:

□ OAS Pension □ OAS Supplement □ CPP □ Disability Assistance □ Family
□ ODSP ☐ No Source of Income
□ Other ☐ Unknown or Service Recipient Declined

Is the person aware of this referral? □ Y □ N □ U/K _____

Has consent been obtained? □ Y □ N □ U/K _____

Please forward the completed application to:
Director, Seniors Services Wendat Community Programs 44 Dufferin St. Penetanguishene ON L9M 1H4
FAX: (705) 355-1026
WEBSITE : www.wendatprograms.com
Monday to Friday 9AM - 5PM at 705-355-1022 Ext: 2228