

*Please only return this page

BEFORE REFERRING, PLEASE CONFIRM PATIENT MEETS THE FOLLOWING CRITERIA	REFERRER INFORMATION
<input type="checkbox"/> Has exhausted extended health benefits or other third party coverage <input type="checkbox"/> Is not duplicating services from other providers/agencies <input type="checkbox"/> Is not eligible for other government funded options <input type="checkbox"/> Is not acutely ill with chest pain, fractures, severe pain, psychosis, active suicidal thoughts, or other illnesses that will require emergency or crisis services <input type="checkbox"/> Is aware all IPCT services are covered by OHIP <input type="checkbox"/> Patient is informed of referral	Date of Referral _____/_____/_____ (MM/DD/YYYY) Name _____ CPSO/CNO# _____ Telephone _____ Fax _____ Signature _____

PATIENT INFORMATION

_____ LAST NAME, FIRST NAME	_____ ADDRESS
OHIP # _____ Version code: _____ DOB ____/____/____ Sex: _____ MM/DD/YYYY PREFERRED NAME _____	PHONE#1 _____ PHONE#2 _____ EMAIL _____

LANGUAGE FLUENCY

Fluent in English Difficulties understanding English - patient's preferred language _____

REASONS FOR REFERRAL

<p style="background-color: yellow;">***Refer to eligibility criteria starting page 2***</p> <input type="checkbox"/> Dietitian consultation <input type="checkbox"/> Counselling- <input type="checkbox"/> mental health <input type="checkbox"/> addiction <input type="checkbox"/> trauma <input type="checkbox"/> Physiotherapy (acute/chronic MSK) <input type="checkbox"/> STOP program (smoking cessation) <input type="checkbox"/> Pharmacist consultation <input type="checkbox"/> OHIP covered immunization <input type="checkbox"/> System Navigation Care Team: Registered Dietitian, Social Worker, Physiotherapist, Primary Care Pharmacist, Registered Nurse, and Nurse Practitioner	<p>Other:</p> _____ _____ _____ <p style="background-color: yellow;">Attach supporting documents (within last year): patient profile, medication list, consults, recent labs/diagnostics</p> <p>Cross referrals may be initiated to other CVFHT programming and/or IHP to address client goals/needs</p>
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Dietitian Consultation

- Anemias: iron or B12
- Bone Health: Required to have moderate to severe osteoporosis; include bone density scan.
- Cancer: Required to include treatment status, origin of cancer and surgical history.
- Digestion: IBS, IBD, Celiac, Constipation, Diarrhea, Diverticulitis, Dysphagia and GERD.
- Dyslipidemia: Required to have a recent Framingham risk assessment, ≥18 years and exclusion of low HDL.
- Fatty Liver Disease: Labs must include liver enzymes.
- Functional impairments: Dysphagia, chewing difficulties, and required eating assistance.
- Gout: Required to be recurrent in nature.
- Heart Health: Required to have had a previous cardiac event, conditions OR hypertension.
- Kidney: chronic kidney disease (stages 1-3) or recurrent kidney stones.
- Pediatrics: Required to be ≥ 6 months, include most recent growth chart.
- Persistent Pain Diseases: Required to have 1 or more comorbidities.
- Social: food insecurity system management or diet and mental health.
- Thyroid Diseases: Hypothyroidism and hyperthyroidism.
- Respiratory Health: COPD and Asthma.
- Weight: Required to have a BMI ≥30 with 1 or more comorbidities OR unintentional weight loss with detailed explanation.
- Women's Health: PCOS, pregnancy, post-partum and menopause.

Dietitian **exclusion criteria**:

- Eating disorders
- Diabetes
- Pre-diabetes

Note: Patients with diabetes and pre-diabetes should be first referred to Diabetes Central Link.

Social Work Counselling Services

- 16 years old and older
- Mild to moderate mental health conditions (Exclusion: acute mental health crisis and eating disorder)
- Drug and alcohol addiction (Exclusion: shopping, gaming, social media, internet, gambling and sex addiction)
- Trauma and grief
- Individual, couple and family counselling with reference to mental health, trauma and addiction issues
- System navigation

Musculoskeletal Physiotherapy Services

- 20-64 years old, acute concerns < 3 months since onset are prioritized, chronic concerns accepted
- Comprehensive assessment, education, self-management support and targeted, individualized exercises
- System navigation
- Medically, cognitively and functionally able to safely exercise independently, with function-focused goals

Physiotherapy **exclusion criteria**:

- Recipient of Ontario Works or Ontario Disability Support Program
- Active or pending WSIB/MVA or litigation claim
- Hospital discharge related to the referral

STOP-Smoking Cessation (One to One Session)

- Smokers who would like to quit or remain smoke free

Pharmacist Consultation

- Drug information queries, pertaining (but not limited to) the following: therapeutic options for a given indication, dosing, drug cost and/or coverage, navigating LU codes and EAP, potential interactions between specific medications, new medications on the market.
- Requests for medication reconciliation should be initially referred to the patient's dispensing pharmacy, as they are often the most familiar with a patient's medication. Patient should only be referred if a more comprehensive medication list and/or medication assessment is needed (e.g. drug interactions, renal dosing).

Seasonal immunization clinics

- Providing seasonal influenza and covid-19 vaccination clinics as per availability (usually occurs from October - March)
- For more information on vaccines, see: <https://www.ontario.ca/page/vaccines>

System Navigation Coordinator

- Age ≥16, with at least 1 chronic health issue that is not addressed
- Concerns may include: Acute/Chronic MSK; Persistent Pain; Falls Prevention; Seniors' Health; Nutrition; Mental Health; Metabolic Disorders; Preventative Care
- Needs Assessment, Treatment/System navigation, and Discharge Plan completed
- Monitoring and Evaluation as indicated

Self-referrals are currently accepted for:

- Intake & System Navigation Coordination
- MSK Physiotherapy
- Smoking Cessation
- Social Work Counselling