



RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
DE MONTRÉAL-CENTRE

INTER-INSTITUTION REFERRALS

Forms

Guide

**Direction de la programmation et coordination
Régie régionale de la santé et des services sociaux
de Montréal-Centre**

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**ABBREVIATION USED TO IDENTIFY
HEALTH AND SOCIAL SERVICES INSTITUTIONS**

SPECIALIZED GENERAL CARE HOSPITALS	(SGCH)
SPECIALIZED GENERAL CARE HOSPITALS – PRIVATE	(SGCH – PR)
LONG-TERM CARE FACILITIES	(LTCF)
LONG-TERM CARE FACILITIES – PRIVATE	(LTCF - PR)
SHORT-TERM GERIATRIC UNIT IN AN LTCF	(STGU IN AN LTCF)
INTENSIVE FUNCTIONAL REHABILITATION UNIT IN AN LTCF	(IFRU IN AN LTCF)
REHABILITATION HOSPITALS	(RH)
PSYCHIATRIC HOSPITALS	(PH)
REHABILITATION CENTRES	(RC)
LOCAL COMMUNITY SERVICE CENTRES	(CLSC)
CHILD AND YOUTH PROTECTION CENTRES	(CYPC)

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INTRODUCTION

The inter-institution referral forms guide presents the outcome of work carried out over the past two years in order to provide the Montréal-Centre health and social services network with a regional referral form, bearing in mind the roles of the partners involved.

At the beginning of this document, the inter-institution referral form is presented from the standpoint of:

- ↳ the context in which it was elaborated;
- ↳ its purpose and objectives;
- ↳ the conceptual framework surrounding its elaboration and revision;
- ↳ the developmental stages.

It then describes the referral form, target clientele, provides directions and stipulates the conditions essential for its efficient, harmonious use.

To conclude, this document attempts to answer various questions related to its day-to-day application, including the concerns raised by confidentiality and other facets of its practical use.

1. OVERVIEW

The shift to ambulatory care has led various institutions in the health and social services network to adopt service delivery methods that allow them to ensure the **continuity of the services** offered to the public.

Effective liaison procedures are essential to ensure:

- ↳ prompt, efficient access to sufficient quality services;
- ↳ continuity in intervention and services, at the right time and the right place;
- ↳ shared responsibility among the institutions involved to establish and maintain functional links;
- ↳ a common understanding of each partner's roles and responsibilities from the standpoint of service delivery.

The challenge of maintaining access (1998-2002 plan to enhance health and social services) bolsters the need for this liaison through one of its approaches, i.e. the **network approach**, which seeks to ensure better continuity of the services offered to the public and the optimum use of resources. This network approach demands functional liaison procedures based on uniform communications standards.

The elaboration of an inter-institution referral form is the ideal way to enhance communication between the institutions in the health and social services network, since the transmission of information is essential to the pursuit of medical intervention.

2. PURPOSE AND OBJECTIVES

The inter-institution referral form is intended to standardize the communication process between the institutions involved in ensuring the continuity of care and services.

Specifically, the inter-institution referral form seeks to:

- ↳ enhance coordination and collaboration between institutions to ensure better continuity in the delivery of care and services;
- ↳ unify, harmonize and make more flexible the process of transmitting information between the partners;
- ↳ facilitate the referral process, planning and the implementation of services;
- ↳ optimize the efficiency and effectiveness of the work of professionals by avoiding fragmentation and the duplication of information pertaining to users.

Inter-institution liaison is achieved by means of the uniform communication of the information needed to provide follow-up in respect of intervention. **Such information is essentially a brief description of the user's biological, psychological and social profile and not an evaluation of the user.** However, the profile must be sufficiently complete to allow for the pursuit of intervention already under way.

3. CONCEPTUAL FRAMEWORK

The following principles guided the elaboration and revision of the referral form:

- ↳ the use of a common language;
- ↳ the choice of the standardized, relevant, complete data needed to open a file, regardless of the institution;
- ↳ the possibility of integrating the tool into the future interactive information system;
- ↳ the compatibility of the order of the biographical data with the CLSC information system;
- ↳ special emphasis on boxes to be checked off to pinpoint problems and therefore ensure the clarity, simplicity and speed of the transmission of information;
- ↳ the use of a single basic page to provide a simple reference, with the possibility of adding a second page for specific circumstances or clientele.

4. DEVELOPMENTAL STAGES

The Régie régionale de Montréal-Centre, in collaboration with representatives of the institutions concerned, has developed the inter-institution referral form following two years of deliberations.

The key developmental stages are indicated below:

- | | |
|-----------------------|--|
| November 1996: | Elaboration of a draft multiclientele referral form in conjunction with the implementation of hospital-CLSC measures governing post-hospitalization care and a single outlet in respect of the elderly requiring long-term care. |
| March 1997: | Pilot testing in several institutions, and modifications. |
| October 1997: | Testing in all SGCHs, CLSCs and RCs in the Montréal area for all clientele except those requiring post-natal referral. |
| November 1997: | Elaboration of a draft page 2 better adapted to rehabilitation needs. |
| December 1997: | Consultation of all rehabilitation institutions, all CLSCs and certain SGCHs concerning the project. |
| December 1997: | Elaboration of a draft page 2 better geared to the needs of perinatal patients. |
| May 1998: | Consultation of all SGCHs, CLSCs, RHs, RCs and LTCFs with IFRUs concerning the content and use of the referral form and testing since October 1997 (52 respondents). |

June 1998: Revision of the basic referral form and page 2 by a working committee expanded to include representatives of rehabilitation services, day hospitals, perinatal care and attending physicians.

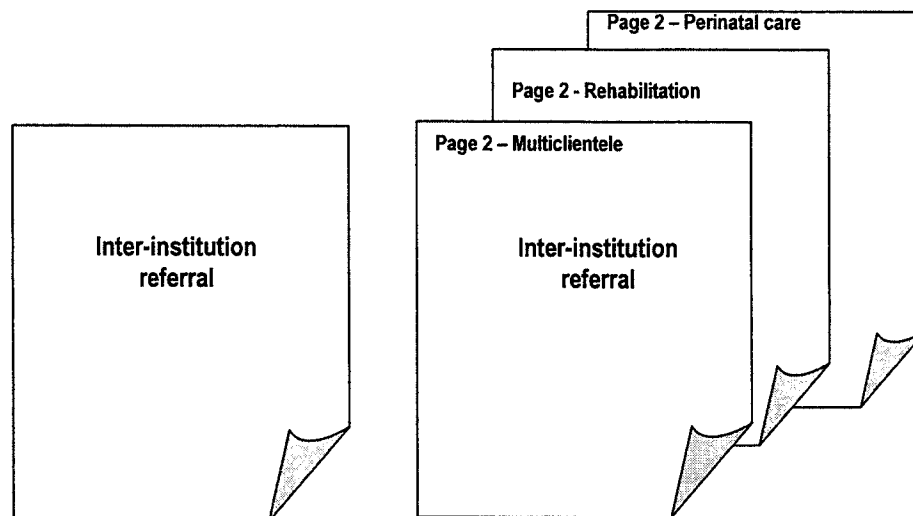
Mandate of the review committee:

- ↳ update the inter-institution referral form in light of the comments received;
- ↳ examine the possibility of introducing rehabilitation or perinatal care projects into the reference system;
- ↳ elaboration of a general guide for users.

5. DESCRIPTION OF THE FORM AND TARGET CLIENTELES

The inter-institution referral form has **two pages**:

- ↳ PAGE 1 contains general information,
- ↳ PAGE 2 has three versions: MULTICIENTELE, REHABILITATION, AND PERINATAL CARE.



PAGE 1 includes general information on the source and destination of the referral on the user (nominal data, reason for referral), and on the intervention undertaken and to be pursued. It is compulsory for all types of users. (It may be used alone when the referral is simple, without special circumstances, problems or risk factors.)

PAGE 2, which is an integral part of the referral form, includes, among other things, information on physical health, functional independence, psychosocial situation, support and service network, and physical environment. It must be filled out in all referrals for which these aspects need to be documented because they can affect follow-up. IT IS THE USER'S PROFILE OR DESTINATION THAT DETERMINE THE VERSION TO BE USED.

PAGE 2 – The multiclientele version is used for individuals who are primarily at risk or suffering a loss of autonomy.

PAGE 2 – The rehabilitation version is used when the patient is referred to an institution for intensive functional rehabilitation or any other appropriate clinical situation.

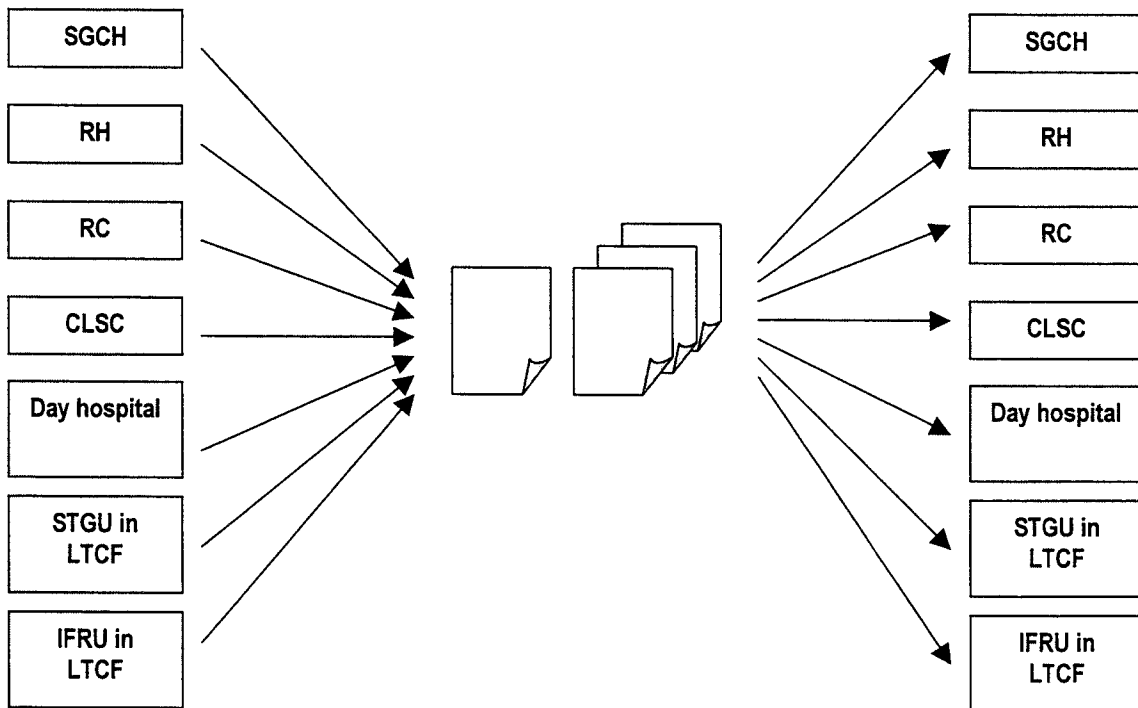
PAGE 2 – The perinatal care version is used when the referral concerns a pregnant woman or a mother and newborn child.

There are duplicate of each page. The original must remain in the user's file and the copy may be kept in the health professional's, the case manager's or the liaison officer's administrative file.

Instructions are provided on the back of pages 1 and 2 in order to clarify the nature of the data to be transmitted when the referral is made. All users throughout the referral process must consult these instructions to ensure uniform understanding of the various components that are essential to the continuity of service.

6. DIRECTIONS AND CONDITIONS FOR USE

The referral form has been designed and **must be used for all referrals** to a partner institution, i.e. CLSC, rehabilitation facility (RH, RC), SGCH, day hospital, IFRU and STGU in an LTCF, in respect of all clientele.



To ensure the efficient, effective handling of referrals, it is essential to comply with a number of directives and conditions:

- ↳ the referral form must be filled out according to the directions appearing on the back of page;
- ↳ once it has been filled out, the referral form must be sent by fax;
- ↳ the contents of the form must be legible, i.e. written neatly in black ink;
- ↳ the identification of the user by means of an addressograph must be legible, otherwise the information must be written by hand or using a label;
- ↳ faxes must be collected and processed regularly to ensure prompt follow-up to requests;
- ↳ in order to maintain confidentiality, the fax machine must be located in such a way that access is limited to the Health Care professionals concerned;
- ↳ the telephone must be used only in emergencies or under very special circumstances, according to the professional's judgment;
- ↳ intervention time must comply with the standards stipulated in various guidelines (hospital/CLSC/attending physicians, single outlet, and so on);
- ↳ relevant additional documents pertaining to the processing of the request (functional assessment, educational program, personalized intervention plan, etc.) must be attached or submitted to the initial referral.

When the directions are not followed to the satisfaction of the institutions concerned, the person responsible for settling disputes in each institution must intervene to resolve the matter.

7. USE OF THE ENGLISH VERSION

The main purpose of this form is to facilitate communication by standardizing the format and content of information transmitted at the time of referral of a patient to another institution. The language in which the information is transmitted is a key means of ensuring the attainment of this objective.

The language of written communication between public institutions in Québec is governed by section 17 of the *Charter of the French language*, which stipulates that French is the sole language of such communication. We have provided an English version of the form as a reference and for use in certain specific cases only.

The English version of the form may be used **solely** by institutions recognized under section 29.1 of the *Charter of the French language* and **solely** to communicate with another recognized institution. We wish to emphasize that the **sending and receiving institutions must be recognized** (section 26).

Appendix A indicates the list of establishments that may, **if they so desire**, use the English version of the form when they communicate **between themselves**.

8. CONFIDENTIALITY AND ETHICS

A user, the significant other or legal representative must consent to the referral and the transmission of information. The referring Health Care professional obtains this consent in accordance to the rules in effect in his institution.

The transmission of confidential information raises several ethical issues. Jacqueline Fortin, an ethicist at the Centre hospitalier de l'Université de Montréal (CHUM) has proposed some guidelines that reflect the importance of confidentiality against a backdrop of change.

"There is unease in this day and age concerning the confidentiality of information that users give to health professionals. The unease has several sources, the main one being changes in professional practices and the frequent involvement of several Health Care professionals in a given case. Information must be shared, often for the good of the clientele and the security of professional practices. Does this mean that we must disregard professional secrecy and the confidentiality of the information entrusted to us? This does not seem advisable. Legal rules continue to confirm the importance of respecting privacy. Our moral principles attach a great deal of importance to respect for individual privacy and the need to maintain a relationship of trust with the clientele obliges health professionals to give confidentiality its rightful place.

Given changes in professional practices, we must undoubtedly review the way we perceive confidentiality. To this end, the following guidelines are being proposed:

- 1. Respect for the confidentiality of information received and given in conjunction with relations between health professionals and patients must be confirmed.*
- 2. However, this principle is not absolute and occasionally conflicts with other principles which, under specific circumstances, may prevail.*
- 3. Given the importance of confidentiality from the standpoint of relations between health professionals and patients, a health professional who deems it advisable to give priority to a moral principle other than respect for information confided to him must justify his choice rationally and morally. Moreover, it is incumbent upon the health professional to prove the greater value of the other principle in this specific instance.*
- 4. It is important to ascertain the nature of confidential information that is subject to protection. Generally speaking, such information concerns the patient's condition, treatment and the care provided, along with any other personal information that the patient deems to be confidential.*
- 5. Individuals who have access to confidential information must be clearly identified. It is essential to ensure that they alone have access to such information.*
- 6. The patient must be informed of the definition or conception of confidentiality that prevails in the health care facility in question and the importance of sharing information with other professionals so that he can receive the appropriate care and treatment.*
- 7. The patient must be informed of the importance of emphasizing to the person in whom he confides which information he does not wish to see transmitted to other people or recorded in the file. If such information seems essential to treatment and care, it is important to tell the patient that this information will necessarily be divulged, as it will otherwise be impossible to satisfy his health needs.*
- 8. Health professionals should not be intimidated by the requests for information to which certain individuals are not entitled. This includes professionals working in the institution or outside it and may even include members of the multidisciplinary team."*

CONCLUSION

A significant effort is needed to maintain the continuity of services offered to users. The use of the inter-institution referral form is a privileged way to ensure that users preserve quality services.

The form is now compulsory with respect to the referral of users to a partner institution in the network, for all types of clientele. Moreover, it is essential to comply with the directions and conditions governing the use of the form in order to maintain harmonious communication between institutions and ensure confidentiality.

If need be, follow-up to the use of this form can be carried out at the regional level in order to overcome any problems that may arise and ensure the attainment of the objectives adopted.

APPENDIX A

**HEALTH AND SOCIAL SERVICES INSTITUTIONS IN THE MONTRÉAL-CENTRE REGION
RECOGNIZED PURSUANT TO SECTION 29.1 OF THE
*CHARTER OF THE FRENCH LANGUAGE***

Health and social services institutions in the Montréal-Centre region recognized pursuant to section 29.1 of the *Charter of the French language*

Institution	Type	Institution	Type
McGill University Health Centre	SGCH	CHSLD Bussey	LTCF (PR)
Centre hospitalier Catherine Booth	SGCH	CHSLD Bayview	LTCF (PR)
Centre hospitalier St. Mary	SGCH	Résidence Griffith McConnell	LTCF (PR)
Centre hospitalier Richardson	SGCH	Centre hospitalier Douglas	CHSP
Hôpital de réadaptation Lindsay	SGCH	CLSC Côte-des-Neiges	CLSC
Lakeshore General Hospital	SGCH	CLSC Lac Saint-Louis	CLSC
Jewish General Hospital - Sir Mortimer B. Davis	SGCH	CLSC Métro	CLSC
Hôpital Shriners pour enfants	SGCH (PR)	CLSC Notre-Dame-de-Grâce/Montréal-Ouest	CLSC
Centre d'accueil Denis-Benjamin Viger	LTCF	CLSC Parc Extension	CLSC
Centre d'accueil des foyers presbytériens St. Andrew	LTCF	CLSC René-Cassin	CLSC
Centre d'accueil Father Dowd	LTCF	Centres de la jeunesse et de la famille Batshaw	CYPC
Centre d'accueil St. Margaret	LTCF	Centre d'accueil Miriam	RC
Centre hospitalier gériatrique Maimonides	LTCF	Centre de réadaptation Constance Lethbridge	RC
Centre hospitalier Mont-Sinaï	LTCF	Les Promotions sociales Taylor Thibodeau	RC
Centre hospitalier Grace Dart	LTCF	Association montréalaise pour les aveugles	RC (PR)
Le Centre de soins prolongés de Montréal	LTCF	Centre Mackay	RC (PR)
Centre hospitalier Juif de l'Espérance	LTCF	Havre-Jeunesse	RC (PR)
Centre d'accueil Juif	LTCF	Maison Elizabeth	RC (PR)

APPENDIX B

**Inter-institution referral form
Pages 1 et 2**

Referral to: _____
 Service/program: _____
 Telephone: () _____ Fax: _____

Requested by: _____
 Service/program: _____
 Telephone: () _____ Fax: _____

Caregiver: _____
 Position: _____
 Pre-hosp. Anticipated date: Y__/M__/D__
 Admitted/registered: A__/M__/J__
 Anticipated discharge: A__/M__/J__ Time: _____

Living environment: House Apartment
 LCH/NPO Private accom.: PRF LTCF
 FF/IR Other: _____
 Living with: Relation Child Alone
 Couple Other: _____
 Occupation: Work Student At home
 Retiree Other: _____

User agrees to referral and transmission of info.

File No.: _____
 Surname (at birth): _____ First name: _____
 Other name used: _____
 Address: _____
 Postal code: _____ Telephone: () _____
 Date of birth: Y__/M__/D__ Age: _____ Sex: M F
 Health insurance No.: _____ Expiry date: A__/M__
 Father's name: _____
 Mother's name: _____
 Spouse's name: _____
 Language of communication : F E Other: _____
 Place of birth: _____
 Temporary address: _____
 Postal code: _____ Telephone: () _____

Contact: _____
 Relationship: _____ Telephone: () _____
 Language of communication : F E Other: _____
 Protective supervision Legal custody (specify on page 2)

Reason for the request / Medical prescription:

If prescription: Name of physician _____ Signature _____ Telephone _____ Date (Y/M/D) _____

Primary diagnosis (date) : _____ Current medication: _____

Associated conditions / services received (dates)

Medical supplies / equipment provided: (specify on page 2)
 Pharmacy: _____ Telephone: () _____ Allergies: _____

Medical follow-up: Family doctor _____ Telephone: () _____ Notified
 Address: _____ Follow-up: Home Office HC CLSC

Name/specialization	HC/Clinic/address	Next appointment
_____	_____	Y__/M__/D__
_____	_____	Y__/M__/D__

Additional information, problems, risk factors: (check off and if yes, specify on page 2 in the appropriate section)
 Functional independence Yes No Psychosocial situation Yes No Environment Yes No
 Enclosure: Care management system Hospital./intervent. summary Intervention plan Overall progress Other _____
 NAME: _____ Signature : _____ Y__/M__/D__ Time: _____

INSTRUCTIONS

Referral to:

Indicate the name of the institution to which the request is directed.

Requested by:

Indicate the name of the institution and the name and position of the caregiver to be contacted if need be.

Pre-hosp.:

Fill out this section when the request precedes hospitalization. Indicate the anticipated date of admission.

Admitted /registered:

Indicate the user's status at the time of discharge.

Anticipated discharge:

Date and time when the user is expected to leave the institution.

Living environment:

Private accommodations include apartments, room and board and boarding-houses.

LCH/NPO: Low Cost Housing/Non profit organization

PRF: Private residential facilities

FF/IR: Foster families/Intermediate resources

Consent:

Be sure to obtain the consent of the user, the significant other or representative, in keeping with the rules in force in the institution.

Upper section:

If the user's ID card (addressing machine), make sure that the information is legible.

Otherwise, write the information by hand or use a label.

Lower section:

Indicate the surname and first name of the mother, father and spouse.

For the place of birth, indicate the city (and the country when not in Canada).

Fill out the information that is not provided by the user's ID card.

Indicate whether the user is temporarily residing at another address where the services are to be provided.

Form of protective supervision / legal custody:

If need be, indicate the form of protective supervision or legal custody and provide details on page 2 in the section "Psychosocial situation / support and service network."

Reason for the request / medical prescription:

Indicate the treatment, professional services and support required.

If supervision is requested, e.g. ABP, drainage of wound, indicate the user's condition at the time of the referral.

Name of physician / Signature / Telephone / Date:

Must be filled out when a medical prescription is issued (drugs or care).

Primary diagnosis:

Reason for admission or diagnosis associated with the referral and date on which the diagnosis was made.

Current medication:

List of drugs prescribed at the time of discharge (if need be, use page 2 in the "Additional information" section).

Allergies: Indicate the type of food or drug allergies.

Associated conditions / services received:

Indicate any relevant information, e.g. surgery and date, rehabilitation, impairment, complication, wound, diet, and so on.

Medical supplies / equipment provided:

Indicate whether the medical supplies are provided and specify, if need be, the nature of such supplies on page 2 in the "Additional information" section.

Pharmacy:

Indicate the name of the user's pharmacy, where applicable.

Medical follow-up:

Indicate who will provide medical follow-up and where and whether or not the physician has been notified. Indicate the name(s) and address and telephone number of the specialist(s) and the date(s) of appointment(s), if need be.

Additional information, problems, risk factors:

Indicate special circumstances, problems or risk factors pertaining to the user in each of the sections.

Enclosure:

If the treatment to be followed requires a care management system, an intervention plan, an educational program or any other relevant document, attach it to the referral or forward it as quickly as possible.

Name / Signature:

Name and signature of the person who fills out the request.

MULTICLIENLE

File No.:

Surname (at birth):

First name:

Other name used:

Address:

Postal code:

Telephone: ()

Date of birth: Y ___/M ___/D ___ Age: Sex: M F

Health insurance No.:

Expiry date: Y ___/M ___

PHYSICAL HEALTH / FUNCTIONAL INDEPENDENCE

Change in basic functional level

Yes No (if yes, specify)

Disabilities: Mobility Domestic tasks Cognitive functions Motivation
 ADL Behaviour Communication Judgment
 Self-critical Continence Medication management

Details: _____

PSYCHOSOCIAL SITUATION / SUPPORT AND SERVICE NETWORK

Apprehensive about returning home Isolation / insecurity Violence
 Little or no natural support Tense/tired/exhausted caregiver Abuse / exploitation
 Modest socio-economic condition Suicide risk Alcoholic / addict.
 Difficulty in accepting situation Behavioural problem Cultural problem
 Depressive state Family problem Mourning / Loss

Details: _____

DESCRIPTION OF SUPPORT AND SERVICE NETWORK (family, neighbours, agencies...)

Protective supervision: _____

Parent with legal custody/custodian: _____ Tel.: (____) _____

PHYSICAL ENVIRONNEMENTLives on ___ floor Elevator Inside outside staircase: _____ Ramp Transportation provided by: User Family / Escort Adapted transportation File No.: _____

Précisions: _____

ADDITIONAL INFORMATION / CURRENT REFERRALS / EQUIPMENT

PROFESSIONALS INVOLVED (name and position)

_____ Tel.: (____) _____

_____ Tel.: (____) _____

_____ Tel.: (____) _____

CONTINUITY OF CARE

Institution: _____

Guichet unique Yes No

Tel.: (____) _____ ext. _____

Case manager / caregiver: _____

Fax: (____) _____

NAME: _____ Signature: _____ Y ___/M ___/D ___ Time: _____

INSTRUCTIONS

Must be filled out whenever there are special circumstances, problems or risk factors related to the user's psychosocial situation, functional independence and environment.

If the user's ID card is used (addressing machine), make sure that the information is legible. Otherwise, write the information by hand or using a label.

PHYSICAL HEALTH / FUNCTIONAL INDEPENDENCE

Indicate whether the user has, at the time of discharge, experienced a significant change in his basic functional level and provide details, where applicable.

Check off the disabilities and provide details.

PSYCHOSOCIAL SITUATION / SUPPORT AND SERVICE NETWORK

Check off the problems and provide details.

DESCRIPTION OF SUPPORT AND SERVICE NETWORK

Indicate the resources on which the user can rely, e.g. family, friends, insurance, and community agencies.

FORM OF PROTECTIVE SUPERVISION / LEGAL CUSTODY

If need be, provide the information requested with respect to protective supervision (curatorship, tutorship or advisor to person of full age) and legal custody.

PHYSICAL ENVIRONMENT

Provide the information requested.

Indicate any problem related to the physical environment.

It is important to indicate the means of transportation if the user is receiving outpatient care.

ADDITIONAL INFORMATION / CURRENT REFERRALS / EQUIPMENT

Indicate any other information that may be of use when the request is processed, e.g. other drugs, supplies, services, and so on.

Indicate if other services are being provided, e.g. radiation therapy, home care services, and community services, and if steps have been taken to obtain other services, such as outside rehabilitation services.

PROFESSIONALS INVOLVED

If relevant, indicate the professionals involved in the intervention plan.

CONTINUITY OF CARE

Indicate, if need be, the name of the institution and the professional who must be involved in the continuity of care, e.g. the name of the CLSC and the case manager who must be contacted to plan the user's return home after a stay in a rehabilitation facility.

The target clientele of "Guichet unique" is made up of elderly people deemed to be at risk or experiencing a loss of autonomy and who require long-term care in the community or in an institution.

SIGNATURE

Signature of the person who has filled out the request.



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