

EXTERNAL REFERRAL

Home Health

Patient Name (last) _____
 (first) _____
 DOB (dd/mm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

Date of Referral _____
 Client Phone _____ Work/Cell _____ Email _____
 Client Address _____
 Client Aware of Referral? Yes No; Clarify _____ Contact Recommendations Client Alternate
 Alternate Contact Name _____ Relationship _____ Phone _____

Referral Information and Orders

Please provide the following information and orders to direct your referral to the most appropriate service:

Reason for Referral (Client's needs/goals):

Primary Diagnosis & Relevant Medical History:

Cognitive/Psychosocial History _____
 Clinical Frailty Score (refer to page 2 for Clinical Frailty Score) (1-9) _____
 Social History (include any informal supports in place) _____

Recommended Urgency Within: 24 hours (clarify below) 48 hours (clarify below) 1 week 2 weeks 1 month

Service(s) Requested (select all recommended services)

Note: Some services may not be available in your area

*Complete and attach other applicable required form(s)

Orders/Details of Request: _____

<input type="checkbox"/> Care Management:	<input type="checkbox"/> Community Rehab (OT)	<input type="checkbox"/> Senior's Health and Wellness Centre*:
<input type="checkbox"/> Assessment for Long Term Care or Assisted Living	<input type="checkbox"/> Community Rehab (PT)	(Kamloops, Kelowna, Salmon Arm, & Revelstoke only)
<input type="checkbox"/> Adult Day Program	<input type="checkbox"/> Health Services for Community Living (known to Community Living BC)	<input type="checkbox"/> Social Work
<input type="checkbox"/> Complex Care Planning	<input type="checkbox"/> Nursing (Ambulatory Clinic and/or Home Visits) please include orders	<input type="checkbox"/> Speech Language Pathology
<input type="checkbox"/> Home Support	<input type="checkbox"/> Palliative Care*	<input type="checkbox"/> Vulnerable Adult (Abuse, Neglect or Self-Neglect)
<input type="checkbox"/> Respite	<input type="checkbox"/> Registered Dietitian	
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Respiratory Therapy	










Referring Care Provider / Clinician _____ Designation _____

Primary Care Provider _____ Provider Contact Info _____

Date (dd/mm/yyyy)	Time (24 hour)	Name/Signature	Designation/College ID #
/ /			

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

Clinical Frailty Scale

	1	Very Fit	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally , e.g., seasonally.
	3	Managing Well	People whose medical problems are well controlled , even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	Living with Very Mild Frailty	Previously “vulnerable,” this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities . A common complaint is being “slowed up” and/or being tired during the day.
	5	Living with Mild Frailty	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	6	Living with Moderate Frailty	People who need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	7	Living with Severe Frailty	Completely dependent for personal care , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	8	Living with Severe Frailty	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	Terminally Ill	Approaching the end of life. This category applies to people with a life expectancy less than 6 months , who are not otherwise living with severe frailty . (Many terminally ill people can still exercise until very close to death.)

Scoring Frailty In People With Dementia

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/ story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.

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Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.



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