Hamilton Niagara Haldimand Brant CCAC CASC

Community Medical Referral Form - Primary Care

Thank you for your referral. HNHB CCAC will assess your patient and develop a care plan including type, frequency, location and health teaching as appropriate. For questions please call 1-800-810-0000 from 8:30am - 8:30pm, 7 days a week.

Please print or complete electronically and fax to 1-866-655-6402:

Patient Name: Prem Anand **HCN:** 3489 **VC:** 5f **DOB:** 22/04/1985

Address: Nanmangalam, kovilambakkam, chennai **City:** meddavakam **Postal Code:** 600234

☐ The patient or lawfully authorized substitute decision maker has consented to this referral

☐ Please contact the person below (rather than the patient) for assessment, due to:

☒ Patient Preference ☐ Hearing Difficulties ☐ Cognitive Status

☐ Language Difficulties ☐ Other: nothing

Contact Person: Manoj Kumar Relationship: Friend

Phone (Home): 9876523456 Phone (Cell): 8736776633 Phone (Work): 234657

Primary Care Physician: Sudheer Phone: 9876354672

Diagnosis:

Surgical Procedure and Date:

Reason for Referral to CCAC:

- ☐ Activities of Daily Living
- ☐ Behavioural Supports (e.g. BSO)
- ☐ Chronic Disease Management
- ☐ Community Support Services/ Resources
- ☐ Dementia/ Memory Impairment
- ☐ Health Link Patient
- ☐ Home Safety
- ☐ Housing Options
- ☐ Other:
- ☐ Medication Management
- ☐ Mobility/ Risk of Falls
- ☐ Pain Management
- ☐ Palliative Care/ End of Life - PPS%: ____
- ☐ Social Isolation
- ☐ Strengthening
- ☐ Wound Care

Allergies:

Diagnosis Discussed:

With Patient: ☐ Yes ☐ No

With Family: ☐ Yes ☐ No

Prognosis:

Improved: ☐

Remain Stable: ☐

Deterioration: ☐

Prognosis Discussed:

With Patient: ☐ Yes ☐ No

With Family: ☐ Yes ☐ No

Degree of Weight Bearing:

☐ Full ☐ Partial

☐ Feather ☐ None

Activities Permitted:

Diet:

Medical Orders

☐ Additional information attached. Total Number of Pages: ____

Name: _____ ☐ **MD** ☐ **NP** **Telephone:** _____

(Please Print)

Signature: _____ **Date:** _____ **CPSO/ CNO#:** _____

HNHB CCAC Website CCAC Billing Codes