



**COMOX VALLEY REFERRAL FORM**  
**FAX TO: 250-331-8569**

Last Name:		First Name:		Date of Birth: (dd/mm/yy)
Address: (incl. postal code)				MRN (if applicable):
Home Phone:	mmsg ok?	Cell Phone:	Lives alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHN:
Alternate Contact:	Relationship to Client/Patient:		Alternate - Home Phone:	Alternate - Cell Phone:

**Reason for Referral/Major Concern:** Comment on the condition of your client/patient, the desired outcome and attach all relevant test results

**Please indicate what Island Health Service(s) your client/patient requires:**

**COMMUNITY HEALTH SERVICES** - enables individuals with health-related problems to remain independent in their own homes.  
**Questions: (250) 331-8570**

<input type="checkbox"/> <b>Assessment</b> - to determine most appropriate services (client/patient will then be referred to services)	<input type="checkbox"/> <b>Home Support</b>	<input type="checkbox"/> <b>Pharmacist</b>
<input type="checkbox"/> <b>Case Management</b>	<input type="checkbox"/> <b>Community Rehabilitation</b>	<b>Geriatric Specialty Services</b>
<ul style="list-style-type: none"> <li>• Adult Day Program</li> <li>• Assisted Living</li> <li>• Residential Care Access</li> <li>• Facility Respite</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Respite</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Geriatric Medicine</li> <li><input type="checkbox"/> Geriatric Psychiatry</li> </ul>
<input type="checkbox"/> <b>Nursing</b>	<input type="checkbox"/> <b>Social Work</b>	<b>Dietitian</b>
<ul style="list-style-type: none"> <li>• Home Health Monitoring Program*See 2<sup>nd</sup> page</li> <li>• Home-Based Wound Care</li> <li>• Ambulatory Clinic</li> <li>• Community Nurse Practitioner*See 2<sup>nd</sup> page</li> <li>• Medication Management</li> <li>• Palliative Care*<u>attach end of life forms</u>: DNR, PBF, Expected Death at Home</li> </ul>	<ul style="list-style-type: none"> <li>• Home Safety</li> <li>• Equipment Needs</li> <li>• Mobility</li> <li>• Exercises</li> </ul> <p>Includes adult abuse, neglect and self-neglect concerns</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For frail seniors</li> <li><input type="checkbox"/> For people with dysphagia</li> </ul>

\*Attach consult letter, all relevant test results and Patient Assessment must be completed, see 2nd page

**MENTAL HEALTH & SUBSTANCE USE** – multidisciplinary services for adults 19+ years with mental health and substance use problems.  
**Questions: (250) 331-8524**

- Intake Assessment – screening and service matching
- Adult Group Therapy Program
- Collaborative Care: 1-3 psychiatrist consultations\*Patient Assessment must be completed, see 2nd page

**COMOX VALLEY NURSING CENTRE**  
**Questions: (250) 331-8502**

<b>Chronic Disease Management</b>	<b>Chronic Pain Services</b>	<b>Health Connections Clinic</b>
<input type="checkbox"/> Individual management & support by RN & access to:	<input type="checkbox"/> Individual management & support by RN & access to:	<input type="checkbox"/> Team-based Primary Health Care*See 2nd page
<ul style="list-style-type: none"> <li>• COPD Support Group</li> <li>• Osteoporosis Support Group</li> </ul>	<ul style="list-style-type: none"> <li>• Multidisciplinary Pain Management Team</li> <li>• Education Series</li> <li>• Support Group</li> <li>• Relaxation Therapy Program</li> <li>• Super 6 Exercise Program</li> </ul>	<b>Men's Support</b>
RN drop-in services Mon, Wed, Frid, 1-4 pm		<input type="checkbox"/> Drop-in & booked appointments

**WELLNESS CENTRE at Comox Valley Hospital**

- Dietitian Outpatient Nutrition Services – all ages and medical diagnoses (except clients/patients with Diabetes or Eating Disorders – refer to those specific services). Include applicable medical history, lab data, medications. Minimum of 1 week notice required for clients/patients having a new feeding tube inserted. Questions: (250) 331-5900 ext. 65242
- North Island Eating Disorders – adult and youth. Questions: (250) 331-5900 ext. 65325

Date of Referral:	Referred by (name) & Organization/or Clinic:	Physician/NP Stamp and Signature (if appropriate):
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## GERIATRIC OR COLLABORATIVE CARE (ADULT PSYCHIATRY) SPECIALTY SERVICES - THE FOLLOWING INFORMATION IS REQUIRED

\***Geriatric Specialty Services** (GSS) includes specialized care for seniors who are complex with unstable, often co-morbid psychiatric and/or medical issues, frailty and/or functional decline. Referrals for a Geriatric Psychiatrist or Geriatrician must come from a Physician. The specialists do work within an inter-professional team to assess and manage complex psychiatric and medical conditions for elderly clients.

Please complete this Client/Patient Assessment for:

<input type="checkbox"/> Geriatric Medicine (GSS)	<input type="checkbox"/> Geriatric Psychiatry (GSS)	<input type="checkbox"/> Collaborative Care (Adult Psychiatry)
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Check all that apply:

- Safety issues (*elder abuse, wandering risk, fire, etc.*)
- Aggressive or psychotic behavior
- Mood disorder
- Previous psychiatric involvement (include consults)
- Drug or alcohol abuse
- History of falls
- Complex medical/health
- Psychological trauma
- Interpersonal conflict
- Cognitive issues (Geriatric Specialty Services only)
- Dementia (Geriatric Specialty Services only)
- Mobility issues (Geriatric Specialty Services only)

### Descriptions of Roles

**Home Health Monitoring Program\*** - people living with **heart failure, COPD** or **diabetes** who are having trouble managing their conditions and/or at risk to present to the ED. Clients learn how to better manage their condition at home with remote monitoring. The aim is to improve client's/patient's knowledge of their chronic disease and increase their ability to self-manage. Easy to use equipment is installed in the home.

**Community Nurse Practitioner\*** - works as a member of an interprofessional and integrated primary and community care team focusing on the **frail elderly** with complex, high intensity co-morbidities requiring intensive medical care and chronic disease management.

**Team-based Primary Health Care\*** - low barrier, multi-interdisciplinary team-based primary care.