

Please only use this form if unable to send via OCEAN

Patient Information

Surname/Last name		First name	
DOB		Gender	
Phone		Email	
Address			
Health Card Number			

Please Note:

We do NOT provide:

- **Emergency or crisis services.**
- **Service to older adults residing in LTC**
- **Older adults under the age of 65 unless memory concerns are identified.**

Submission of this referral form will be taken to explicitly mean that you have obtained appropriate permissions for GAIN program to collect, use and disclose personal health information (PHI) with circle of care health service providers to assist with the care of the referred patient.

GAIN program will assess the needs of the referred patient and may direct referrals to a more appropriate service provider than requested based on the information gathered. If you do not want referral redirected to other service providers, please specify:

Patient aware of referral:	No	Yes
I have discussed with patient and/or SDM that GAIN will contact patient and/or SDM to collect information pertinent to GAIN assessment	No	Yes
Preferred language:		
Interpreter required	No	Yes

Substitute Decision Maker Information – Complete if Patient is not capable of making decisions relating to this referral

Surname/Last name		First name	
Phone		Email	
Address			
Relationship to patient:			
SDM aware of referral:	No	Yes	
Contact person for booking appointment:	Patient <input type="checkbox"/>	SDM <input type="checkbox"/>	Alternate Contact <input type="checkbox"/>
Alternate Contact Name:			
Alternate Contact Phone:			
Relationship to patient:			

Reason for referral: Select all that apply		Additional Information where appropriate
Cognitive decline	No Yes	

Functional decline, (example, new poor hygiene, new challenges with medication management, financial mismanagement, difficulty with meal preparation, shopping)	No	Yes	
Recent falls or mobility changes	No	Yes	
Increased caregiver burden due to change in condition.	No	Yes	
Other			
Immediate Safety risks:	No	Yes	Provide more details
Danger to self (ie kitchen fires, access to firearms)			
Wandering outside			
Lives alone without support and not coping			
Recurrent ED visits			
Physical aggression			
Elder abuse			
Other			

Cumulative Patient Profile (for completion by health professional only)	
CPP attached	Yes No
If no, please send:	
Current medication list	Current problems
Past Medical History	Consult notes/specialist reports
Recent bloodwork and/or Diagnostic tests	Results from previous cognitive and/or functional tests
GEM Nurse Consults	
Referrers/Billing Information	
Name	
Billing #	
Signature	

GAIN Teams (Please only select one)		
Scarborough Health Network General Site:	3050 Lawrence Ave E, Scarborough, ON, M1P 2V5 T: 416-438-8111 F: 416-289-2961	
Scarborough Health Network Centenary Site:	2867 Ellesmere Rd, Scarborough, ON M1E 4B9 T: 416-281-7446 F: 416-281-7082	
Carefirst Seniors & Community Services Association	300 Silver Star Blvd. Scarborough, ON M1V 0G2 T: 416-847-8941 F: 416-646-5111	
Senior Persons Living Connected	3333 Finch Avenue East Scarborough, ON M1W 2R9 T: 416-493-3333 x 311 F: 416-352-5086	
Lakeridge Health Oshawa Hospital	1 Hospital Court, Oshawa, ON L1G 2B9 T: 905-576-8711 x 34832 F: 905-743-5311	
Durham Community Health Centre (Oshawa)	115 Grassmere Ave. Oshawa, ON L1H 3X7 T: 289-509-0601 x 1409 F: 905-723-3391	
Community Health Centres of Northumberland (Port Hope)	99 Toronto Rd. Port Hope, ON L1A 3S4 T: 905-885-2626 x 254 F: 905-885-6063	
Community Care City of Kawartha Lakes (Lindsay)	21 Angeline St. N, Lindsay, ON K9V 5B7 T: 705-324-7323 x 300 F: 705-880-1516	
Trent Hills Community Team (Campbellford)	146 Oliver Rd. Campbellford, ON K0L 1L0 T: 705-653-1140 x 2139 F: 705-632-2023	
Haliburton Highlands Health Services (Minden)	8 Winchester Street Minden ON K0M 2K0 T: 705-286-2140 x 3400 F: 705-286-0720	
Peterborough Regional Health Centre (PRHC)	1 Hospital Dr, Peterborough, ON K9J 7C6 T: 705-743-2121 x5021 F: 705-876-5058	

Disclaimer: GAIN teams will determine appointment destination.