

**INTEGRATED COMMUNITY SERVICES - CENTRAL ISLAND  
REFERRAL FORM**



Last Name:		First Name:		Please Include the Following Related Documents:  <input type="checkbox"/> Medical History / Problem List <input type="checkbox"/> Referral Related Information <input type="checkbox"/> Current Medications
PHN:		Birth Date: (dd/mm/yy)		
Address:				
Postal Code:		Phone Number:		Contact person:
Diagnosis for this referral:				Contact's phone number:
				Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Office Stamp	<b>Services Requested:</b>			
	<b>Long Term Care</b> <input type="checkbox"/> Assessment <input type="checkbox"/> Adult Day Care  <b>Home Support</b> <input type="checkbox"/> Personal Care <input type="checkbox"/> Respite	<b>Home Care Nursing</b> <input type="checkbox"/> Wound Care <input type="checkbox"/> Palliative <input type="checkbox"/> Home Health Monitoring <input type="checkbox"/> Other (specify)	<b>Community Rehab</b> <input type="checkbox"/> Home Safety <input type="checkbox"/> Equipment Needs <input type="checkbox"/> Mobility <input type="checkbox"/> Exercises	<input type="checkbox"/> <b>Chronic Disease Management</b>  <input type="checkbox"/> <b>Social Work</b>
Seniors' Health <input type="checkbox"/> Geri Psychiatry <input type="checkbox"/> Outreach Services		<input type="checkbox"/> Lives alone		<input type="checkbox"/> Client is aware of this referral
Seniors' Outpatient Clinic <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Boost Your Brain <input type="checkbox"/> Exercise Program				
Clinical features: <input type="checkbox"/> Risk of self-harm <input type="checkbox"/> Cognitive issues <input type="checkbox"/> Aggression <input type="checkbox"/> Safety issues <input type="checkbox"/> Psychiatric history				
Reason for this referral:				<p align="center"><b>Phone this referral to:</b>  <b>250-739-5748</b>                  Outside Nanaimo  <b>1-877-734-4141</b>  <u>and</u>  <b>Fax this referral and the related documents to:</b>  <b>250-739-5751</b>                  Outside Nanaimo  <b>1-877-754-2967</b>  <b>Please do not give these professional numbers to patients</b></p>
G.P.:		G.P. Phone #:		G.P Signature:
Referral source:		Referral source Phone #:		Referral Source Signature: