



Patient Label

High-Complexity Care Team

New Patient Referral Form – Fax to 778-265-3169

Patients must reside in Western Communities, Sooke or Esquimalt

Essential Info – Referral will be returned if not completed:

Patient's Name: _____ PHN: _____

Patient's Phone: _____ Patient's Address: _____

Referrer's Name/Job: _____ Referrer's Contact # _____

New Unattached Patient or Consult (for existing Primary Care Provider)

NOTE: Referral doesn't guarantee attachment. You may be contacted for clarification.

Adult Patients (Check all that apply – one point each):

Medical Complexity (M)	Mental Health/Substance Use (S)	Psychosocial (P)	Resource Utilization (R)
<input type="checkbox"/> Chronic Abdominal Pain <input type="checkbox"/> *Uncontrolled CHF <input type="checkbox"/> Uncontrolled COPD <input type="checkbox"/> Uncontrolled Diabetes <input type="checkbox"/> Any Chronic Pain on Narcotics <input type="checkbox"/> Chronic Wound <input type="checkbox"/> CHSA Frailty score >6	<input type="checkbox"/> Chronic Mood Disorder <input type="checkbox"/> Chronic Anxiety Disorder <input type="checkbox"/> Psychotic Disorder <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Dementia with disruptive behaviour	<input type="checkbox"/> Low Socio-Economic Status <input type="checkbox"/> Parent or Child who is also complex <input type="checkbox"/> Unemployment or Disability <input type="checkbox"/> Unstable housing <input type="checkbox"/> Mobility Issues	<input type="checkbox"/> >5 ED visits in past 12 months <input type="checkbox"/> >5 Walk-in visits in past 12 months <input type="checkbox"/> >2 Admissions in past 12 months <input type="checkbox"/> LOS >8.1 days in an admission <input type="checkbox"/> Otherwise identified by Health Authority or Clinic Manager

Other relevant issues – no points assigned by referring practitioner
Must be chronic and causing acute care contact

Total Score = M+S+P+R (Patients must have a total score of 5 or greater):

* Uncontrolled = symptoms impact function, or cause recent acute care contact

Pediatric Patients (Check any that apply – must have at least one):

<input type="checkbox"/> Significant chronic conditions in ≥2 body systems Defined as a physical, mental or developmental condition that can be expected to last at least a year, will use health care resources above the level for a healthy child, require treatment to control the condition, and the condition can be expected to be episodically or continuously debilitating (Please list)
OR
<input type="checkbox"/> A progressive condition that is associated with deteriorating health with a decreased life expectancy in adulthood, OR
<input type="checkbox"/> Continuous dependence on technology for at least 6 months, OR
<input type="checkbox"/> Malignancies: progressive or metastatic malignancies that affect life function. Exclude those in remission for >5 years.
<input type="checkbox"/> Meeting Any Adult Resource Utilization Criteria
<input type="checkbox"/> Other (Please List)

*Simon, Tamara *et al.* Pediatric Medical Complexity Algorithm: A New Method to Stratify Children by Medical Complexity *Pediatrics* June 2014, VOLUME 133 / ISSUE 6 - <http://pediatrics.aappublications.org/content/133/6/e1647>

In submitting this form, the referring professional attests they have the patient's permission and have obtained their consent to share information with the HCCT

HCCT – #120-27 Helmcken Rd Victoria BC V8Z5G5 – Phone 250-940-5692 – Fax: 778-265-3169