

EAST GTA INTERPROFESSIONAL HEALTHCARE PROVIDERS (IHP) REFERRAL FORM

TEL: 647-693-7401 FAX: 647-826-3706

520 ELLESMERE ROAD, 6TH FLOOR, SCARBOROUGH ONTARIO, M1R 0B1



NAME:	SEX:
ADDRESS:	D.O.B.:
HOME PHONE:	OHIP:
CELL PHONE:	EMAIL:

1. Which program or group would you like the above patient to enrol in?

HEALTHY LIVING

- Smoking Cessation
- Weight Management
- Sleep Program
- Chronic Disease Self-Management Group
- Chronic Pain Self-Management Group
- Diabetes Self-Management Group
- Powerful Tools for Caregivers

SENIOR'S PROGRAM

- Geriatric Assessment (Supported Aging Program)
- Falls Prevention Workshop
- Older Adult Exercise Group
- Health Living and Memory Group

DIABETES PROGRAM

- Diabetes Group Session
- Diabetes Counselling 1:1
(medication list, A1C, LDL, eGFR, ACR required)
- Pre-Diabetes Counselling 1:1

KIDNEY HEALTH PROGRAM

- Kidney Wellness Group
- Kidney Counselling 1:1
(medication list, A1C, eGFR, ACR required)

LUNG HEALTH PROGRAM

- Asthma Counselling 1:1
- COPD Counselling 1:1

HEART HEALTH PROGRAM

- Heart Health Group Session
- Hypertension Counselling 1:1
- Dyslipidemia Counselling 1:1

MENTAL HEALTH PROGRAM

- Group/Individual Counselling – Short term
 - One-time Psychiatry Consult
- All mental health services exclude MVA/WSIB/Legal Cases. Physician or MRP referral required.*

WOMEN & CHILDREN'S HEALTH PROGRAM

- Pediatric Nutrition
- Adolescence Nutrition
- First Year With Your Baby
- Pelvic Floor Exercise
- Cervical Cancer Screening *(must be rostered FHT patient)*

2. Brief description of the reason(s) for referral:

3. Which IHP would you like the patient to see for individual services?

- | | |
|---|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker |

Referring Physician/IHP Name Printed: _____

Referring Physician CPSO Number: _____

Referring Physician Telephone/Fax: _____

Referring Physician/IHP Signature: _____

Date of Referral: _____

STAMP HERE

All referrals are valid for 3 months from the date of referral.

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HEALTHY LIVING

- **Smoking Cessation 1:1 Counselling** – Smokers who would like to quit and those who wish to remain smoke free.
- **Weight Management (1:1 and/or Group Session)** – At the discretion of referring physicians
- **Sleep Program** – Individuals with chronic insomnia (excludes MVA cases)
- **Chronic Disease Self-Management Group** – Individuals living with chronic diseases interested in increasing self-reliance*
- **Chronic Pain Self-Management Group** – Individuals living with chronic pain interested to learn and implement skills for improving daily functioning*
- **Diabetes Self-Management Group** – Support individuals in managing diabetes effectively*
- **Powerful Tools for Caregivers** – Support caregivers to address issues contributing to caregiver stress in a peer setting

*Caregivers welcome to attend

SENIOR'S PROGRAM (1:1 AND/OR GROUP SESSIONS)

- Seniors ≥ 65 years old with 1 or more comorbidities (comprehensive geriatric assessment completed by Nurse Practitioner)
- Seniors at risk
 - Seniors with co-morbidities, dementia, falls, isolated seniors, living alone, recent immigrants, osteoporosis, weight loss, recurrent infection
 - Mental health and/or psychosocial issues, crisis or any major events that affects individual's ability to manage their activities at home
 - Recent repeated ED or hospital admission (<30 days) that may benefit from specialized out-patient follow up

DIABETES PROGRAM

- **Diabetes Group** – Newly diagnosed individuals or those interested in learning more about diabetes and how to optimally manage the disease.
- **Diabetes 1:1 Counselling** – RD for diet counselling, RPh for insulin titration/medication review, and/or RN for additional support with annual foot exams, BP, and blood work review/counselling.
- **Pre-Diabetes 1:1 Counselling** – Individuals not yet diagnosed with diabetes but would benefit from diet counselling from RD.

KIDNEY HEALTH PROGRAM

- **Kidney Wellness Group** – Individuals interested in learning about their kidneys and how to keep them well.
- **CKD 1:1 Counselling** – RPh or RN for medication review/Sick Day Management, and/or RD for diet counselling → Target population: CKD stage 1-3, and at-risk population (DM, HTN, age 60+ with CVD)

LUNG HEALTH PROGRAM

- Individuals diagnosed with Asthma or COPD with spirometry completed requiring an Action Plan, self-management tools to help manage exacerbations and review/optimization of medications/inhaler technique.

HEART HEALTH PROGRAM

- **Heart Health Group** – Individuals interested in learning about hypertension, cholesterol, lifestyle changes, and medications to prevent and manage heart disease.
- **1:1 Counselling** – RD for diet counselling, RPh for medication review, and/or RN for individuals with uncontrolled HTN/CHOL requiring additional support.

MENTAL HEALTH PROGRAM

- Mild to Moderate mental health conditions.
- Multi-faceted approach including intake assessment, Psycho-educational workshops, DBT Skills group, CBT, Mindfulness, Self-esteem, Assertiveness, Body Positive, Self-Care, Stress Management and/or 1:1 counselling if needed.
- System Navigation to find community or government resources and community services.
- Group therapy is contraindicated for patients with active suicide ideation or psychosis, active substance abuse, and individuals with discomfort in a group setting.
- Shared care case review with psychiatrist and social workers

WOMEN & CHILDREN'S HEALTH PROGRAM

- **Pediatric & Adolescence Nutrition** – Promotion of healthy nutrition and body weight, growth and development
- **First Year with Your Baby** – Prenatal or parents of infants 0-12months
- **Pelvic Floor Exercise** – Education/exercise to increase awareness of posture, core muscle and pelvic floor muscle
- **Cervical Cancer Screening** – must be rostered with a FHT physician