

Seniors' WrapAround Program Referral Form

Thank you for your referral. The Seniors' WrapAround Program serves Immigrant, Francophone and Canadian born seniors aged 55 and older. We help isolated seniors who live either at home alone or with their families but have few community or social supports. We work hard to honour and support our clients' goals by respecting their values, culture and expertise. We strive to assist seniors to live independently and safely within their homes for as long as possible.

Date: _____

Name of Client: _____

Date of Birth: _____

OHIP#: _____

Address: _____

Phone Number(s): _____

Alternative contact Information: _____

Referring Agency: _____

Referred by: _____

Phone: _____

Fax: _____

Please circle:

Transitional Care Management

Yes

No

Advanced Care Management

Yes

No

Reason(s) for the referral: _____

Is there a caregiver involved?

Yes

No

If Yes, is there caregiver burnout/stress?

Yes

No

Does the client speak English?

Well

A little bit

Not at all

Preferred Language: _____

Medical Conditions: _____

Living Conditions/environment: _____

Safety Risk to Provider?

Yes

No

Unknown

If Yes or Unknown, please provide specific information: _____

Services/External Agencies Involved: _____

I agree to have my name and contact information released to the London InterCommunity Health Centre, Seniors' WrapAround Program.

Name: _____

Signature: _____

Please provide Client Consent to make the referral and fax to 519 642-1532, attention: Clara Parra.