SHS SENIORS HOME SUPPORT PROGRAM

SENIORS HOME SUPPORT PROGRAM REFERRAL FORM

Phone: (437) 248-1642 Fax: (905) 209-1501

Patient Name (Last, First):
Date of Birth (DD/MM/YYYY): Gender:
Health Card: Version Code:
Address:
City/Township: ☐ Markham ☐ Stouffville Postal Code: Phone:
Email:

ALTERNATE CONTACT PERSON

Check here if this person is a ☐ Substitute Decision Maker ☐ Power of Attorney for Personal Care
Name: Relationship:
Phone: Email:

CONTACT PERSON FOR BOOKING APPOINTMENT:

☐ Patient ☐ Alternate contact person (listed above) ☐ Other, specify (name, relationship, phone number)

Translator required: ☐ No ☐ Yes Language(s):
Able to facilitate virtual appointment: ☐ No ☐ Yes, preferred email:
Is Home & Community Care Support Services Involved: ☐ No ☐ Yes, Case Manager:

PATIENT ELIGIBILITY – ALL MUST APPLY

☑ Age 65 years or older
☑ Lives in the Markham-Stouffville catchment area
☑ Patient or Substitute Decision Maker is aware of referral
☑ Housebound due to challenges in at least two of medical, cognitive and social categories
☑ In need of a family physician/nurse practitioner (NP) who provides home visits

REASON FOR REFERRAL:

Please describe patient's current concerns prompting this referral (e.g. physical, cognitive, psychosocial, functional)

Medical History: ☐ Documentation Attached Medications: ☐ Documentation Attached

Referral source
Name:
If MD/NP, Please provide OHIP billing #: Phone: Fax:
Family physician/NP (if different from referral source):
Additional reports to:
Signature: Date:

Eastern York Region North Durham
EYRND ONTARIO HEALTH TEAM

SHS SENIORS HOME SUPPORT PROGRAM

THE SENIORS HOME SUPPORT (SHS) PROGRAM IS A PARTNERSHIP BETWEEN:

- Markham Family Health Team (MFHT)
- York Region Community Paramedic Services
- Oak Valley Health (OVH)
- Seniors Home Support Physicians
- Other healthcare providers who may sign on to the Data Sharing Agreement (DSA) and Health Information Network Provider Agreement

As patients are seen by various providers, the AccuroEMR permits authorized users from each organization to access their patients' information through a web browser. The SHS Program allows seniors who are home-bound and their caregivers to access comprehensive primary care services in a seamless manner.

In order to assess whether you are a candidate for the SHS Program, each of the organizations involved may need to access your historical medical records that are within their files. These records may be shared amongst the participants.

☐ I consent to the organizations involved in the SHS program accessing my historical records

☐ I do not consent to the organizations involved in the SHS program accessing my historical records

Your privacy is important to us. If you are eligible to participate in the SHS Program, your medical record will be held by Markham Family Health Team on behalf of all of participating organizations; if you are not eligible, no record will be created. All participating organizations contribute to the same record, and will have access to your information in that record to provide you with care, to plan and evaluate programs we deliver, for education, or as permitted or required by law. In order to protect your privacy, information used for program planning or education will have identifiers removed or be made anonymous. If one of the participating organizations stops participating in the SHS Program, your medical record will continue to be held by Markham Family Health Team.

☐ I consent to the Markham Family Health Team retaining my medical records from all participating organizations both during and following the organization's participation in the SHS program

☐ I do not consent to the Markham Family Health Team retaining my medical records from all participating organizations both during and following the organization's participation in the SHS Program

Patient Name (Last, First): _____

Address: _____

City/Township ☐ Markham ☐ Stouffville Postal Code: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

(Patient or Substitute Decision Maker or Power of Attorney for Personal Care as indicated on page 1)

Proud members of the Ontario Health Team

Markham Family Health Team — Care for A Lifetime

Oak Valley Health

York Region Paramedic Services

Ontario

Eastern York Region North Durham EYRND ONTARIO HEALTH TEAM