

EAST GTA INTERPROFESSIONAL HEALTHCARE PROVIDERS (IHP) REFERRAL FORM

Tel: 647-693-7401 Fax: 647-826-3706

520 Ellesmere Road, 6th Floor. Scarborough, ON. M1R 0B1



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

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

Healthy Living

- Smoking Cessation
- Pre-Diabetes Program
- Weight Management
- Insomnia Program
- Mindful Eating Group
- Chronic Disease Self-Management Group
- Chronic Pain Self-Management Group

Senior's Program

- General Program Intake/Assessment (1:1)*
- Falls Prevention Workshop
- Older Adult Exercise Group
- Memory & Aging Group
- Mild Cognitive Impairment Memory Group

Diabetes Education Program

- Diabetes Clinic
(A1C, LDL, HDL, TC, eGFR, ACR required)
- Diabetes Group
 - 6-Week Educational Workshop
 - Discussion Group

Kidney Health Program

- Kidney Wellness Group
- Kidney Counseling 1:1 (RN and/or RD)

Lung Health Program

- Asthma
- COPD

Cardiovascular Program

- Hypertension Individual Counselling
- High Blood Pressure Workshop
- High Cholesterol Workshop

Mental Health Program

- Counselling/ General Program Intake (1:1)*
- Community Services Navigation
- Depression Management Group
- Anxiety Management Group
- Mindfulness Based Stress Reduction Group
- Mindfulness Based Cognitive Therapy Group

Maternal Health Program

- Low-Risk Prenatal Care (< 20 week gestation)
- Prenatal Class
- Postpartum Care
- Nutrition and Pregnancy Info

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 Dietician | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker |

Referring Physician/IHP Name Printed: _____

Referring Physician OHIP Number: _____

Referring Physician Telephone/Fax: _____

Referring Physician/IHP Signature: _____

Date of Referral: _____

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Office Follow-up (Ellesmere): 647-693-7401

Patient Called: _____ Left Message _____ Declined Service _____ Appt. Booked for _____

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Program Criteria For Referral

Healthy Living

- **Pre-Diabetes (One to One and/or Group Session)**
 - Fasting Plasma Glucose (FPG)= 6.1 mmol/L – 6.9 mmol/L
 - 2hPG in a 75 OGTT results at 7.8 mmol/L – 11.0 mmol/L
 - A1C 6.0 – 6.4 %
- **Smoking Cessation (One to One Session)**
 - Smokers who would like to quit and those who wish to remain smoke free
- **Weight Management (One to One and/or Group Session)**
 - BMI \geq 25; Except Asians: BMI \geq 23
 - At the discretion of referring physicians
- **Insomnia**
 - Moderate to severe insomnia

Diabetes Education Program (One to One and/or Group Session)

- **Please attach all lab results (A1C, FPG, Lipids, eGFR etc) in the referral for all one to one referrals**
- **FPG \geq 7.0 mmol/L**
 - Fasting = no caloric intake for at least 8 hours
- **A1C \geq 6.5% or Casual PG \geq 11.1 mmol/L + symptoms of diabetes**
 - Casual = any time of the day, without regard to the interval since the last meal
 - Classic symptoms of diabetes = polyuria, polydipsia and unexplained weight loss
- **2hPG in a 75-g OGTT \geq 11.1 mmol/L**

Mental Health (One to One, Group Session, and/or Case Review with Psychiatrist)

- Mild to Moderate mental health conditions.
- Help to find community or government resources and service navigation.
- Groups offered may require attendance at an Orientation meeting and completion of an Intake Assessment.
- 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

Senior's Program (One to One and/or Group Session)

- **Seniors \geq 65 years old**
- **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

Cardiovascular/CHF

- **Group information sessions about High Blood Pressure and High Cholesterol.**

Lung Health Program

- Diagnosis of asthma: reversible airflow obstruction FEV1/FVC $<$ 0.75-0.8 (LLN) AND increase in FEV1 after a bronchodilator \geq 12% (and a minimum \geq 200mL increase). See CTS guidelines for diagnosis in children.
- Diagnosis of COPD: airflow obstruction as evidenced by post-bronchodilator FEV1/FVC $<$ 0.70.
- Spirometry should be completed before referral. Can be performed in clinic by RNs/RPh.

Maternal Health Program (One to One and/or Group session)

- **Prenatal care for low-risk pregnancies up to 20 weeks gestation and classes**