NAME: SEX: **ADDRESS** D.O.B.: HOME PHONE: OHIP: **CELL PHONE:** Family Health Team Better Value 1. Which program or group would you like the above patient to enrol in? ☐ Healthy Living **□** Lung Health Program ☐ Smoking Cessation □ Asthma ☐ Pre-Diabetes Program □ COPD ☐ Weight Management ☐ Cardiovascular Program ☐ Insomnia Program ☐ Hypertension Individual Counselling ☐ Mindful Eating Group ☐ High Blood Pressure Workshop ☐ Chronic Disease Self-Management Group ☐ High Cholesterol Workshop ☐ Chronic Pain Self-Management Group ☐ Mental Health Program ☐ Senior's Program □ Counselling/ General Program Intake (1:1) \square General Program Intake/Assessment (1:1) ☐ Community Services Navigation ☐ Falls Prevention Workshop ☐ Depression Management Group □ Older Adult Exercise Group ☐ Memory & Aging Group ☐ Anxiety Management Group ☐ Mild Cognitive Impairment Memory Group ☐ Mindfulness Based Stress Reduction Group ☐ Mindfulness Based Cognitive Therapy Group **□** Diabetes Education Program **☐** Maternal Health Program ☐ Diabetes Clinic ☐ Low-Risk Prenatal Care (< 20 week gestation) (A1C, LDL, HDL, TC, eGFR, ACR required) ☐ Prenatal Class ☐ Diabetes Group ☐ Postpartum Care ☐ 6-Week Educational Workshop ☐ Nutrition and Pregnancy Info ☐ Discussion Group 2. Brief Description of the Reason(s) for Referral: 3. Which IHP would you like the patient to see for <u>individual</u> services? **□** Registered Nurse □ Social Worker **□** Registered Dietician **□** Pharmacist ☐ Occupational Therapist □ Physiotherapist Referring Physician/IHP Name Printed: ___ Referring Physician OHIP Number: Referring Physician Telephone/Fax: Referring Physician/IHP Signature: Date of Referral: Office Follow-up (Ellesmere): 647-693-7401 Patient Called: ____ Left Message __ Declined Service _____ Appt. Booked for_

EAST GTA INTERPROFESSIONAL HEALTHCARE PROVIDERS (IHP) REFERRAL FORM

Fax: 647-826-3706

Tel: 647-693-7401

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Program Criteria For Referral

Healthy Living

- Pre-Diabetes(One to One and/or Group Session)
 - o Fasting Plasma Glucose (FPG)= 6.1 mmol/L − 6.9 mmol/L
 - o 2hPG in a 75 OGTT results at 7.8 mmol/L 11.0 mmol/L
 - o A1C 6.0 6.4 %
- Smoking Cessation (One to One Session)
 - o Smokers who would like to guit and those who wish to remain smoke free
- Weight Management (One to One and/or Group Session)
 - o 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
- $FPG \ge 7.0 \ mmol/L$
 - o Fasting = no caloric intake for at least 8 hours
- $A1C \ge 6.5\%$ or Casual PG ≥ 11.1 mmol/L + symptoms of diabetes
 - o 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 $OGTT \ge 11.1$ 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 ≥12% (and a minimum ≥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