

WEST END INTEGRATED FALLS PREVENTION PROGRAM REFERRAL FORM

Tel – 613-820-4922
Fax – 613-288-3407

*****Please note: All information is required for referral to be processed.**

Name: Address: Tel:	Date of Birth: Primary language: Gender: F <input type="checkbox"/> M <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Intersex <input type="checkbox"/> Trans – Female to Male <input type="checkbox"/> Male to Female <input type="checkbox"/> None <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify): _____
Next of Kin: Relationship: Tel:	Primary Care Provider (doctor/nurse practitioner) Address: Tel:
<u>Referrer's details</u> Name: _____ Contact #: _____ Position: _____ Date of referral: _____ Agency: _____	
<u>Brief description of falls (indoor/outdoor, possible causes, etc)</u> Please attach any relevant clinical documentation that would assist our assessment/intervention <div style="text-align: right; margin-right: 100px;"> Medications: Past Medical History: Cognitive capacity: </div>	
Client is motivated to make changes to reduce falls? Yes <input type="checkbox"/> No <input type="checkbox"/> Has this referral been discussed with the client? Yes <input type="checkbox"/> No <input type="checkbox"/> Patient/Caregiver is aware of and agrees to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Integrated Falls Prevention Program Referral Criteria:

- 1/ 75 years of age or older and history of a fall
- 2/ Living in a community setting, i.e. own home or residential care setting
- 3/ At least one indoor fall or multiple outdoor falls in the past year
- 4/ No significant cognitive impairment/able to participate in taking action to reduce falls
- 5/ Not currently involved with CCAC therapy services or attending Geriatric Day Hospital/Clinic
- 6/ Not able to participate in the Better Strength, Better Balance program due to functional limitations
- 7/ Client must be willing and motivated to participate in the program

This program is only funded to serve certain areas in the West end of Ottawa. You will be informed if the client does not fall within the program's service boundaries. Catchment area may be viewed at <http://www.pqchc.com/seniors/falls-prevention/>

Please note: Assessment and intervention provided will only focus on resolving the underlying reasons for falling. Case management services are not provided by this team and the referrer is urged to contact more appropriate agencies, in addition, if such a service is required.