



SENIORS HOME SUPPORT PROGRAM REFERRAL FORM

Phone: (905) 471-9999 x 456 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 Relationship: _____
 Name: _____
 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

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

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: _____



SHS



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

- Markham Family Health Team (MFHT)
- New Unionville Home Society's South East Geriatric Outreach Team (SEGOT)
- York Region Community Paramedic Services
- Markham Stouffville Hospital (MSH)
- SHS Primary Care 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

If you are eligible to participate in the SHS Program, your medical record will be held by the Markham Family Health Team on behalf of all of the participating organizations; if you are not, no record will be created. All participating organizations contribute to the same record, and will have access to your information in that record, only as necessary in order to provide you with care, or as permitted or required by law. If one of the participating organizations stops participating in the SHS Program, your medical record will continue to be held by the 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 EYRND Ontario Health Team



Eastern York Region North Durham

EYRND ONTARIO
HEALTH
TEAM