Rideau Community Health Services
Your Community Health Centre

Referral Form

Fax: 613-284-2591 | Phone: 613-283-1952 | Email: info@rideauchs.ca

Date of Referral (dd/mm/yy)**:**	**PLEASE ATTACH INFORMATION RELEVANT TO REFERRAL:**	
Client Last Name:	Medications:	☐ Attached
Client First Name:	Medical History:	☐ Attached
Date of Birth (dd/mm/yy):	Allergies:	☐ Attached
Gender: ☐ Male ☐ Female ☐ Other:	Client is aware of referral: ☐ Yes ☐ No	
Address:	Primary Care Provider (PCP):	
City:	Billing Number:	
Postal Code:	Referring Provider (if not PCP):	
OHIP Number:	Referring Provider Phone:	
Client Phone:	Referring Provider Fax:	
Alternate Phone:		

☐ **Complex Medical Needs:** Is Home and Community Care Involved? ☐ Yes ☐ No

☐ Mental Health ☐ Addictions ☐ Frailty ☐ Lung Disease / COPD
☐ Heart Disease ☐ Chronic Pain ☐ Palliative ☐ Diabetes
☐ Polypharmacy ☐ Other:

Please provide further details:

☐ **Dietitian:** Please specify reason for referral and attach relevant lab results and medication list:

☐ **Diabetes Education Program:** Attach medication list and recent lab results.

☐ Type 2 Diabetes ☐ Type 1 Diabetes ☐ Pre-Diabetes

Please provide further details:

☐ **Foot Care:** Please specify below. Include medication list or Cumulative Patient Profile (CPP) for Advanced/High Risk.

☐ Foot Care Education Class: For individuals requiring education on proper foot care. Caregivers or healthcare professionals welcome. Diabetes Foot Exam offered to all participants with diabetes.

☐ Advanced Foot Care Nurse: *reserved for individuals with annual income of $39,000 or less and diagnosed with diabetes or other health condition that increases ulcer/amputation risk.* Heavy callouses, corns, fragile skin with pressure lesions, thickened/fungal nails, cracked skin, skin anomalies, ingrown toenails.

☐ High Risk Chiropody: open foot wounds or ulcers, slow healing wounds, off loading devices, footwear modification.
Note: If patient has an infected wound, ensure prescriptions are initiated and refer to Home and Community Care Support Services for wound care.

☐ **Community and Social Supports:**

☐ Form Completion Assistance ☐ Food Security ☐ Smoking Cessation
☐ Income Support (i.e. ODSP, OW) ☐ Counselling/Social Work ☐ Connection to Community Resources
☐ Other:

☐ **Virtual Health Care/ Telemedicine Support:** Client requires nurse support to connect to healthcare appointments virtually (i.e. homebound, transportation barriers).

Please provide further details:

☐ **Trans Health Program:**

☐ Client is masculinizing (assigned Female at Birth) ☐ Client is Feminizing (assigned Male at Birth)

Please provide further details:

Additional Comments: