

Please attach to this referral any recent medical updates eg. Cumulative Patient Profile (CPP), consultation notes, discharge summaries, medication profile, lab results

PLEASE FAX REFERRAL TO
Alysa Fullona
Fax: 416-586-3175
Tel: 416-586-4800 xt 6044



Referral Form - HIPS
HOME BASED INTERDISCIPLINARY
HIPS PRIMARY CARE FOR SENIORS

The HIPS Team provides primary care services at home for seniors who are no longer able to meet with their family doctor in the community.

Eligibility criteria:

- Over 65 years of age
- Home bound and unable to access primary care due to medical, physical or social impairments
- Catchment area: west to Bathurst St, east to Yonge St/Mt. Pleasant Rd, North to St. Clair Ave and south to lake Ontario (M5J, M5T, M5G, M5S, M4Y, M5R, M4W, M4V, M4T, M5P, M4S) **(Please see Map on next page)**

Name:		<input type="checkbox"/> Male / <input type="checkbox"/> Female	
Phone #:	DOB:	Health Card #:	
Address/ Postal Code:		Caregiver information (name, contact #, relationship):	
Referral Urgency: <input type="checkbox"/> Routine / <input type="checkbox"/> Urgent	If urgent please explain:		
Is patient aware of referral <input type="checkbox"/> Yes / <input type="checkbox"/> No	<i>Initial visits for urgent referrals within 2-4 weeks, routine referrals within 8 weeks</i>		
Please describe reason for referral including any relevant past medical history, hospitalizations, falls:			
Diagnoses:		Name / Contact info of current / former Family MD:	
		OHIP billing #	
Last time seen by Family MD:		Referral source/ contact info:	

- **Catchment area:** west to Bathurst St, east to Yonge St/Mt. Pleasant Rd, North to St. Clair Ave and south to lake Ontario (including all or parts of the following postal codes: M5J, M5T, M5G, M5S, M5R, M4W, M4V, M4T, M4S) **(Please see Map on next page)**

