Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex
weCHC
Healthcare for You
Des soins de santé pour vous

OCCUPATIONAL THERAPY (OT) GRAB BAR & HOME SAFETY REFERRAL FORM

Referral Criteria – *All criteria MUST be met before making a referral:*

- ☐ Client is at least 50 years of age
- ☐ Client is not currently receiving Home Care OT services
- ☐ Client is not being referred for an acute care need
- ☐ Client has had a fall or is at risk of falling
- ☐ Client consents to having grab bars installed in their home
- ☐ Client is at or below the socio-economic range (Please check one):
  - ☐ Individual adjusted net income for the year must be below $38,500
  - ☐ Couple/Family adjusted net income for the year must be below $68,500

****** PLEASE NOTE: We require that clients provide us with a photocopy of their previous year's Notice of Assessment (NOA) from Canada Revenue Agency (CRA) upon initial visit. If applicable, other family members will just need to show theirs.***

Referral Date: _____ Client Name: _____ Gender: _____

Date of Birth: _____ Health Card # (if applicable): _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Substitute Decision Maker (SDM) / Caregiver is preferred for initial contact: ☐ Yes ☐ No ☐ N/A

If applicable, SDM / Caregiver Name & Phone #: _____

Client and/or SDM / Caregiver is aware and consents to referral: ☐ Yes ☐ No

_____	_____	_____
Referral Source Name & Credentials	Agency or Healthcare Provider	Phone #

****** If an OT is referring, client should NOT have third-party benefits, Ontario Works, Ontario Disability Support Program, etc.******

Relevant Medical History and Background Information:

Reason(s) for Referral:

Health Issues (Diagnoses/Chronic Conditions/Functional Impairments):

Family Physician / Primary Care Provider: _____

Are you aware of any safety concerns for the clinician entering this client's home environment?
☐ No ☐ Yes If Yes, what are they? _____

Please send this completed referral form to:

- Medical Secretary – Chronic Disease Management Program
  3325 College Avenue, Windsor, ON N9C 4E6
  Phone: (519) 997-2823 Ext. 341
  Fax: (226) 216-5179