

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 **\$25,000**
 - Couple/Family adjusted net income for the year must be below **\$45,000**

***** 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