

ENHANCING CARE FOR ONTARIO CARE PARTNERS REFERRAL FORM

CARERS: Coaching Advocacy Respite Education Relationships Simulation

TEACH: Training Education and Assistance for Caregiving at Home

Fax or email this form to:

Providence Care, Enhancing Care for Care Partners
Fax: (613)548-5569 Email: carers@providencecare.ca
For more information or assistance please contact:

Phone: 613-544-4900 ext. 37184 or 1-800-785-1707 ext. 37184

DATE OF REFERRAL:

A. Care Provider Information

Care Provider's (Caregiver) Last Name	First Name	DOB (Y/M/D)	AGE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Health Card Number	Version	Telephone Number	Language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/Province	Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone Number:	<input type="text"/>	Email:	<input type="text"/>	

B. Referral Source

Self-Referral: Yes No

How did you hear about CARERS/TEACH?

Family Physician Telephone

Referral Source Information (if not self-referral):

Agency/Organization Telephone

Main Contact at agency/organization:

Fax Number Email

Does Care Partner (caregiver) consent to the Referral? Yes No

Sometimes the group will be offered in a virtual forum. Does the Care Partner (Caregiver) have access to a computer, email, webcam, microphone and internet at home? Yes No Unknown

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C. Background Information – To your knowledge

Does the Care Partner (Caregiver) provide daily, direct, hands-on care for the person living with Dementia?

Yes No

Does the Care Partner (Caregiver) reside/live with the person living with dementia? Yes No

What is the relationship of the Care Partner (caregiver) to the person living with dementia?

Married Common Law Child Other (please specify) _____

Has an assessment and a diagnosis of dementia been made/given? Yes No

If yes, what is the diagnosis? _____

Please note: This referral form is for a group program which delivers therapeutic skills, training, and interventions to Care Partners (Caregivers).

Each referral will undergo an assessment with one of the group facilitators and will be offered and /or placed in the appropriate group (CARERS vs TEACH).