

## 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](mailto: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

Gender  Health Card Number  Version  Telephone Number  Language

Address  City/Province  Postal Code

Telephone Number:  Email:

### 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

## ENHANCING CARE FOR ONTARIO CARE PARTNERS REFERRAL FORM

*CARERS: Coaching Advocacy Respite Education Relationships Simulation*

*TEACH: Training Education and Assistance for Caregiving at Home*

---

### **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).***