Referral form for Baycrest Community Behavioural Support Outreach Team (C BSOT)

Client's Name (Surname, First Name): _____

☐ Male ☐ Female D.O.B (dd/mm/yy): _____

Health Card Number: _____

Treatment Address: _____

Telephone Number: _____

SDM/POA Contact Information (Name, phone #, and relationship to client): _____

The client/substitute decision maker is aware of and agrees to this referral ☐ Yes ☐ No

Language spoken at home: _____

The family doctor is aware of this referral ☐ Yes ☐ No

Family MD Name: _____

Family MD contact phone number: _____

Family MD fax number: _____

The client is involved with any other agencies/specialty teams in the community ☐ Yes ☐ No

If yes, please specify which team(s) is involved: _____

CCAC Care Coordinator's Name (if applicable): _____

Care coordinator's contact number: _____

Previous Medical History: _____

Reason for referral to CBSOT Outreach Team: _____

Responsive behaviours (check all that apply):

- ☐ Pacing/aimless wandering
- ☐ Spitting
- ☐ Cursing/ verbal aggression
- ☐ Hitting
- ☐ Kicking
- ☐ Grabbing onto people
- ☐ Pushing
- ☐ Throwing things
- ☐ Strange noises
- ☐ Screaming
- ☐ Biting
- ☐ Scratching
- ☐ Constant unwarranted request for attention/help
- ☐ Repetitive sentences or questions
- ☐ Trying to get to a different place
- ☐ Inappropriate dressing/ disrobing
- ☐ Other _____ _____ _____

Home safety concerns (check all that apply):

- ☐ No concerns
- ☐ Kinship issues
- ☐ Smoking
- ☐ Bed bugs
- ☐ Firearms
- ☐ Cockroaches

Other: _____

Is the client currently positive for any of the following (check all that apply):

☐ MRSA ☐ C-Diff ☐ VRE ☐ TB ☐ ESBL ☐ Unknown

Are pets present in the home environment? ☐ Yes ☐ No

Additional comments regarding home safety concerns: _____

Please attach the following documentation: Current medication list, current documentation (i.e. consult notes, psychiatric consultation, etc.), POA documentation (if available)

Referral form completed by: _____ Date (dd/mm/yy): _____

Phone: _____ Fax: _____

PLEASE FAX THE COMPLETED REFERRAL FORM TO THE ATTENTION OF THE BAYCREST COMMUNITY BEHAVIOURAL SUPPORT OUTREACH TEAM AT 416-785-4211