

# Naotkamegwanning First Nation Wiisokotaatiwin Program Referral/Intake Form

**Band#**

Print Client Surname	Given Name(s)	Health Care No.	Date of Birth
Address			
Directions to the Home			Phone No.         -
Contact Name			Phone No.         -
<b>Referral Information: (e.g. physician, nursing, rehab. and social services, health reps. and other community sources)</b>			
Diagnosis		<b>Family Informed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Client Informed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prognosis		<b>Family Informed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Client Informed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical History		PPS Score: _____ Unknown <input type="checkbox"/>	
Current Medication			
Psycho-Social History			
Other Services Client Receiving			
Tests / Treatments Requested			
Other Information			
Reason for Referral			
Medical History			
Services Requested			
<b>Print Name of Referral Source</b>		<b>Position or Relationship to Client</b>	
_____		_____	
Please Fax referral to 226-9649 or call 226-2864, 226-9665			
Signature of Referral Source (if available)			Date 
Address			Phone No.         -
<b>Is this person currently a Home Care Client?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Home care Assessment: Yes <input type="checkbox"/> No <input type="checkbox"/>		Home care Services: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
Print Case Manager's Name		Case Manager Signature	Date 
Address			Phone No.         -

## **Notes**

- ❖ A referral may come from any source, e.g. physician, community health nurses, social workers and other healthcare staff, the clients themselves, family members or other community sources.
- ❖ To facilitate the referral process copies should be provided to likely sources such as Health and Social Service Centres, physicians' offices, and hospital nursing stations and rehabilitation departments.
- ❖ A Community Care Program Staff member also uses this form as the preliminary intake information form.