SCARBOROUGH ONTARIO HEALTH TEAM

Supporting At-Risk Frail Elderly to Prevent Alternate Levels of Care (SAFE-ALC) Referral Form

Referral Date:	This is a self-referral: ☐ Yes ☐ No	
CLIENT LAST NAME	CLIENT FIRST NAME	DATE OF BIRTH (DD MM YYYY)
ADDRESS		CITY
POSTAL CODE	PRIMARY PHONE NUMBER	EMAIL:
FIRST LANGUAGE	SECOND LANGUAGE	

Personal information about the client will be collected in order for the agency to provide you with service. This includes community case conferencing to connect seniors to existing funded services in Scarborough and escalation to partnering organizations and appropriate service providers.

Do you consent to this? ☐ Granted ☐ Not Granted
Verbal consent given by: ☐ Client ☐ Caregiver/Agency:

Signature of staff (if applicable): Date:

REFERRER'S INFORMATION (Please complete relevant information if applicable, patient/caregiver self-referrals are welcome)	
Name (Last Name, First Name):	Position/Role (i.e. Primary Care Provider, Caregiver)
Primary Phone Number:	Email:
Organization (if applicable):	Fax number (if applicable):

Clients Eligible for SAFE-ALC include:

(a) Client is a senior aged 60+
(b) Client and/or referring primary care provider are in Scarborough
(c) Unattached patient (no primary care provider) that lives in Scarborough

Please highlight the area(s) of concern that requires escalation to Scarborough community case conferencing below:

☐ Increased Falls Risk in the last 3 months	☐Caregiver burnout established by provider
☐Frequent Emergency Department visits in last 90 days	☐Functional or cognitive decline requiring assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
☐Decreasing ability to age in place without additional support	☐Loss of social resources and supports
☐Frequent 911 calls (through EMS)	☐Wandering/Elope
☐Frequent missed medications/requires medication reminders	☐Social Isolation
☐Current services being provided to client are not meeting needs to age in place	Other:

Please confirm that this patient/client does not have any of our ***exclusion*** criteria listed below

- Client is already being escalated at a BSO (Behavioural Supports Ontario) support table, has other case management support or has access to programming in their building (assisted living etc.)
- Significant Behavioural challenges (safety risk for support staff)
- Severe mental health or cognitive impairments
- Severe addictions needs (alcohol or substance abuse, accessing services from Rapid Access to Addictions Medicine (RAAM))

To your knowledge, what service(s) are this client already receiving and/or has been referred to? (i.e., Geriatric services, community support services, home care):

Please provide additional information to aid the Community Service Resolution Table in supporting this patient/client age in place

- ☐ Patient receiving home care support currently
- ☐ Unattached Patient (No Primary Care Attachment)
- ☐ Patient self-identifies as low income
- ☐ Patient has housing concerns

Frequency/ recommendation/area of focus/cultural and/or language considerations:

If frailty screen/assessment has been conducted, list tool and score here:

Referral instructions:
Email this completed form to Jessica Lang (**jessica.lang@tcare.ca**) with *email title "New SAFE-ALC Referral"*

Have questions? Contact Jessica Lang **416-750-9885 ext 229**