

**MAGUIRE CENTRE REFERRAL**

CLIENT NAME:		CLIENT PHONE NUMBER:
PHN:		PRIMARY CONTACT:
DOB: dd/mm/yyyy		PRIMARY CONTACT NUMBER:
ADDRESS:		FAMILY PHYSICIAN:
Referred By: _____		
Is Client Aware Of Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Living Arrangements: <input type="checkbox"/> Own Home Alone <input type="checkbox"/> Own Home with Spouse/Family <input type="checkbox"/> PCH (Therapies Only)		
Other Agencies Involved In Care: <input type="checkbox"/> Homecare <input type="checkbox"/> Patient Ed <input type="checkbox"/> Community Therapies		
<input type="checkbox"/> Mental Health And Addictions <input type="checkbox"/> Other: _____		
Note: SHA Surgical Pathway clients should be referred to SHA Therapies.		
<input type="checkbox"/> <b>MAGUIRE CENTRE OUTPATIENT THERAPIES REFERRAL</b>		
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Therapeutic Pool Program		
<b>CLIENT MUST MEET THE FOLLOWING CRITERIA:</b>		
<input type="checkbox"/> Require moderate to extensive assistance with therapy programming		
<input type="checkbox"/> Be medically stable with a medical evaluation in the last 3 months		
<b>REASON FOR REFERRAL: (MUST CHOOSE AT LEAST 1 OF THE FOLLOWING)</b>		
<input type="checkbox"/> Acute Exacerbation/Recent Significant Functional Decline Requiring Therapy to Regain Previous Level of Function		
<input type="checkbox"/> Chronic Degenerative Condition Requiring Short Term Intervention to Maintain Function and Living Situation		
<input type="checkbox"/> Outpatient Cognitive Testing		
Please Explain History Of Present Illness/Reason For Referral:		
Attach The Following: 1. Medical Hx 2. Relevant Diagnostics/Consults 3. Medication List 4. Recent Labs		
<input type="checkbox"/> <b>MAGUIRE CENTRE SOCIAL PROGRAM REFERRAL</b>		
<input type="checkbox"/> Maguire Centre Social Day Program		
<input type="checkbox"/> Bathing Program <i>**Admittance requires a prior homecare assessment to determine eligibility**</i>		
REFERRAL SOURCE SIGNATURE		DATE