ENHANCING CARE FOR ONTARIO CARE PARTNERS REFERRAL FORM

***CARERS:** **C**oaching **A**dvocacy **R**espite **E**ducation **R**elationships **S**imulation*

***TEACH**: **T**raining **E**ducation and **A**ssistance for **C**aregiving at **H**ome*

Fax or email this form to:

Providence Care, Enhancing Care for Care Partners
Fax: (613)548-5569 Email: 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 (Y/M/D):

A. Care Provider Information

Care Provider's (Caregiver) Last Name | First Name | DOB (Y/M/D)

Gender | Health Card Number | Version | Telephone Number | Language

Address | City and Province | Postal Code

Tel: | Cell number: | Email:

B. Referral Source

1. Self-Referral: Yes ◉

How did you hear about CARERS/TEACH?

Family Physician | Telephone

2. Referral Source Information (if not self-referral): Yes ◯

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** ☐

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? _____

Additional Information on main concerns/risks/challenges:

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).