

REFERRAL FORM



Connect 2 Care (C2C) and Community Allied Mobile Palliative Partnership (CAMPP) are intensive case management teams providing transitional support from acute care to the community for low-income and socially vulnerable patients. The teams will work to provide navigational support to individuals to improve access to health, addictions, housing, social, financial and mental health supports in the community, as well as palliative and end of life care.

Eligibility:

- Patient is homeless/vulnerably housed AND
- Patient is low-income AND
- Patient has at least 6 ED/Urgent care and/or 2 inpatient presentations in the last 12 months
[Not required for CAMPP (palliative/end-of-life care) referrals]

Name: _____

Date of Birth: _____ Gender: _____ PHN (if known): _____

Has patient verbally consented to this referral? Yes No

Reason for referral:

- | | |
|--|---|
| <input type="checkbox"/> Connection to primary care | <input type="checkbox"/> Mental health supports |
| <input type="checkbox"/> Frequent acute care use | <input type="checkbox"/> Discharge planning/care coordination |
| <input type="checkbox"/> Addiction/detox/treatment support | <input type="checkbox"/> Palliative/end of life care (provided in partnership with CAMPP) |
| <input type="checkbox"/> Housing support | |
| <input type="checkbox"/> Other | |

Address/shelter where patient stays: _____

Best way to contact patient: _____

Referring source: _____ Date/time of referral: _____

Additional comments: _____

PLEASE FAX REFERRAL FORM TO CUPS: 403-221-8785 OR
CALL C2C/CAMPP Referral PHONE: 403-400-7454