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

C2C

- 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

CAMPP

- Patient is homeless/vulnerably housed and;
- Diagnosed with a terminal illness or illness that significantly decreases life expectancy
- Palliative needs such a pain management or other symptom control
- Difficulty accessing mainstream Palliative Services

Client Information

Name: _____ AB Health Care #: _____

Date of Birth: _____ Gender: _____

Ethnicity (check all that apply :

- ◯ Arab , Middle Eastern or North African
- ◯ Asian
- ◯ Black
- ◯ Indigenous
- ◯ Latin American
- ◯ White
- ◯ Don't know
- ◯ Other: _____

Indigenous Identity (If applicable)

- ◯ First Nations
- ◯ Inuit
- ◯ Metis
- ◯ Don't know

Indigenous Status (If applicable)

- ◯ Status. Treaty #: _____
- ◯ Non-status

Residency Status in Canada: ◯ Canadian Citizen ◯ Permanent Resident ◯ Temporary Resident ◯ Refugee ◯ Don't Know ◯ Other: _____

Referral Information

Has the Client Verbally consented to the Referral: ◯ Yes ◯ No

Has the Client signed the AHS Consent Form: ◯ Yes ◯ No

Reason for Referral

- ◯ Connection to Primary Care
- ◯ Frequent Acute Care Use
- ◯ Addiction/Detox/Treatment Support
- ◯ Housing Support
- ◯ Mental Health Supports
- ◯ Discharge Planning/Care Coordination
- ◯ Palliative/End of Life Care (CAMPP)
- ◯ Other: _____

Primary Palliative Diagnosis:
(Complete only if referring to CAMPP)

Referral Date:

Referrers Name:

Referring Agency:

Unit #:

Referrers Phone #:

Email:

Primary Care Provider Status:

- ◯ CUPS Primary Care Provider
- ◯ Community Primary Care Provider
- ◯ No Primary Care Provider
- ◯ Not Known

Medication Coverage:

- ◯ No Coverage
- ◯ Alberta Works
- ◯ AISH
- ◯ Emergency Prescription Coverage
- ◯ Non-Insured Health Benefit (NIHB)
- ◯ Senior's Health Benefit
- ◯ Private Coverage
- ◯ No Known
- ◯ Other:

Housing Status:

- ◯ Unhoused
- ◯ Housed - Hospice
- ◯ Housed - Independently
- ◯ Housed - Senior's Living
- ◯ Housed - Supportive Program
- ◯ Housed - Transitionally
- ◯ Incarcerated
- ◯ Unkown

Income:

- ◯ No Income
- ◯ Alberta Works
- ◯ AISH
- ◯ Canada Pension Plan (CPP)
- ◯ Canada Pension Plan Disability (CPP-D)
- ◯ Old Age Security
- ◯ Employed
- ◯ Employment Insurance
- ◯ Not Known
- ◯ Other:

Client Contact//Best Known Location:

Additional Comments:

Please fax this **Referral Form** and a signed **AHS Consent to Disclose Health Information** Form to CUPS Fax: (403) 221-8785 or call the C2C/CAMPP Phone: (403) 400-7454

Assisted Living Alberta

UNIVERSITY OF CALGARY
O'Brien Institute for Public Health

ALBERTA INNOVATES

Clear Form