



**INTENSIVE CASE MANAGEMENT PROGRAM
FOR SENIORS AT RISK
REFERRAL FORM**

**Please forward by Fax 905-546-5779 or
Telephone 905-527-3823, Ext. 279**

Abuse/Intervention Telephone Support Diogenes/Gatekeepers Dementia

Date:

Referral Agency: Phone# / Ext.

Surname: First Name:

Address: City / PC:

Phone#: Male Female Date of Birth:

mth/day/year)

Health Card #

Preferred Language: Does this client require services in French: Yes No

Living Arrangements

Contacts / Family / Power of Attorney (if known)

Presenting Issues:

Recommended Intervention:

Any Suspected Abuse:

FORM CONTINUED ON NEXT PAGE



**INTENSIVE CASE MANAGEMENT PROGRAM
FOR SENIORS AT RISK
REFERRAL FORM**

**Please forward by Fax 905-546-5779 or
Telephone 905-527-3823, Ext. 279**

Is client aware of/in agreement with the referral? Yes No

Smoker? Yes No

Pets: Yes No

If yes, what kind:

Infectious Diseases: Yes No

If yes, what kind:

Infestation of home: Yes No

If yes, of what:

Safety concerns for staff:

Physical Functioning (mobility,
aids, chronic conditions):

Cognitive Functioning:

Social Functioning:

Diagnosis (if available)

List services presently involved
with Client (days of week, time
of day)

Additional information that may
be useful to provide service for
client

Unfortunately, we do not have the resources to alleviate bed bug infestations; however, we offer consultations with community partners to access appropriate services.