REFERRAL FORM

The Caregiver ReCharge service is in-home relief for the Primary caregiver who is experiencing high levels of stress. For more information or assistance completing this form, contact 905-281-4443.

Referral Source Information			
Referral Source's first name:		Referral Source's last name:	
Referral Source's organization/agency:		Referral Source's phone number:	ext.
Date of referral: *(dd/mm/yyyy)*		Consent for referral obtained?	☐ Yes ☐ No
Caregiver Stress Indicator(s):	☐ Verbal Disclosure ☐ Personal Observation ☐ Formal Assessment – Specify Type:		
Reason for referral (briefly summarize situation):			

Primary Caregiver Information			
Caregiver's first name:		Caregiver's last name:	
Caregiver's home phone #:		Caregiver's alternate phone #:	☐ Cell: ☐ Work:
Caregiver's e-mail address:		Does the caregiver authorize being added to our mailing list to receive future caregiver information:	☐ Yes ☐ No
Caregiver's date of birth: *(dd/mm/yyyy)*		Relationship to care recipient:	
Caregiver's Ontario health card number (+version):			
Does the caregiver require translation?	☐ Yes ☐ No	If yes, which language?	
Does the caregiver live with the care recipient?	☐ Yes ☐ No	If no, caregiver's address:	Address: Unit: City: Prov.: Postal Code:
Does the caregiver have any health issues?	☐ Yes ☐ No	If yes, please specify:	
How many individuals are being cared for by this caregiver?	☐ 1 ☐ 2 ☐ 3 ☐ 4+	If more than 1, please specify caregiver's relationship to others:	
How many caregiving hours does the Caregiver provide to the care recipient?		Daily hrs:	Weekly hrs:
Type of caregiving activities provided by the caregiver:	☐ Personal Hygiene/Bathing ☐ Toileting ☐ Transferring ☐ Dressing/Undressing ☐ Meal Preparation / Assistance with Eating ☐ Medication Assistance / Reminders ☐ Exercises / Range of Motion ☐ Light Housekeeping / Laundry / Groceries ☐ Companionship/Friendly Visiting ☐ Safety / Risk Monitoring ☐ Other:		
Is there another (secondary) informal caregiver supporting the care recipient?	☐ Yes ☐ No	If yes, please specify relationship to primary caregiver and to care recipient:	
How many caregiving hours does the secondary/alternate caregiver provide to the care recipient?		Daily hrs:	Weekly hrs:
Does the caregiver have	☐ Yes ☐ No	If yes, please specify relationship to	

someone other than the referral source assisting them to obtain respite support?		primary caregiver:	
If yes, phone number for this person		If yes, describe how this person assists/supports the caregiver (i.e. making calls, driving etc.)?	

Care Recipient Information			
Care recipient's first name:		Care recipient's last name:	
Is the care recipient's home the location for in-home respite?	☐ Yes ☐ No	Care recipient's address:	Address: Unit: City: Prov.: Postal Code:
Care recipient's date of birth: *(dd/mm/yyyy)*		Care recipient's gender:	☐ Male ☐ Female
Ontario health card number (+version):			
Does the care recipient require translation?	☐ Yes ☐ No	If yes, which language?	
Type of caregiving to be provided during in-home respite service:	☐ Personal Hygiene/Bathing ☐ Toileting ☐ Transferring ☐ Dressing/Undressing ☐ Meal Preparation / Assistance with Eating ☐ Medication Assistance / Reminders ☐ Exercises / Range of Motion ☐ Light Housekeeping / Laundry / Groceries ☐ Companionship/Friendly Visiting ☐ Safety / Risk Monitoring		
Does the care recipient have an infectious disease(s)?	☐ Yes ☐ No	If yes, type of infectious condition & precautions required:	
List the medical conditions / diagnosis of care recipient:			
List any behavioural issues present:			

Care Recipient Assessment Information			
Date of care recipient's most recent RAI assessment (if applicable): *(dd/mm/yy)*		Assessment conducted by: *(name of organization)*	
Consent given to share assessment:	☐ Yes ☐ No	Assessment attached? Assessment on IAR?	☐ Yes ☐ No ☐ Yes ☐ No
Type of RAI Assessment	☐ interRAI CHA ☐ RAI-HC ☐ RAI-PC		
RAI Assessment Outcomes Scores:	MAPLe: CHESS: ADL: IADL: CPS : DRS :		

Caregiver ReCharge

Fax: (905) 337-0770 or Phone: (905) 281-4443

Website: centralregistry.ca

Direct Email: respitereferrals@nucleusonline.ca