



☐ RUH ☐ SCH ☐ SPH ☐ Other _____

REFERRAL TO THE COMMUNITY HEALTH CENTRE (CHC) – TRANSITION FROM ACUTE CARE TO COMMUNITY CARE

Who: We serve older adults (50+) with complex health issues

When: We are open from 9 a.m. to 7 p.m. every day of the week

Why: If follow-up care within 72 hours would facilitate discharge and/or prevent repeat visit to the Emergency Department **and** such care is inaccessible or unavailable from the patient's current primary care provider

☒ Fax to "Market Mall CHC" re: "Transition from Acute" at 306-844-4090

☒ For inpatient discharges, *Discharge Summary* has been completed and marked **STAT**

☒ Patient contact information _____

☒ Caregiver contact information (name, relationship, phone) _____

Most responsible acute care diagnosis (or diagnoses): _____

Reason(s) for referral:

☐ Follow-up lab work

☐ Follow-up symptoms (including infectious symptoms while under Home IV Therapy Program)

☐ Follow-up medication changes

☐ Other # – Specify _____

Relevant comments (past medical history, further follow-up instructions, red flags, barriers, etc.): _____

Referring provider and specialty

Contact information

Signature

Date and Time

The CHC MD and RN can be reached at 306-844-4060 if you have questions about the referral process.