



**COMPLEX CARE PROGRAM
OUTPATIENT AND SATELLITE CLINIC REFERRAL FORM
Fax: 613-738-4251**

Name: _____ DOB: ____/____/____ Sex ____ F ____ M Telephone (1): _____ Telephone (2): _____ Contact Name: _____ ____ Mother ____ Father ____ Guardian Health Card #: _____	PATIENT LABEL
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ELIGIBILITY CRITERIA (Please check ALL that apply).

- Patient is under 17 years of age at time of referral
- Patient has an unmet need for care coordination
- Patient has a primary care provider that will remain actively involved in patient's care
- Medically complex child/youth not currently being followed by a multi-disciplinary team (e.g., diabetes team, cystic fibrosis, or neuromuscular clinics). Rather, child/youth should continue to be followed in their current team rather than (individual exceptions aside) referred to the Complex Care Program
- Agencies' involvement other than hospital (e.g. Home or School Care, Children Treatment Center, Palliative Care Team)
- Child has a valid Ontario Health Card

LANGUAGE

Will an interpreter be required: ____ No ____ Yes - Language required: _____

AFFILIATED COMPLEX CARE SATELLITE (If applicable)

- Timmins and District Hospital & Cochrane Temiskaming Children's Treatment Centre
- Montfort Hospital. NOTE: If patient is currently receiving care from a Montfort pediatrician, please write pediatrician's name _____
- Brockville Satellite Clinic with SE LHIN, Kids Inclusive and Brockville General Hospital

DIAGNOSIS AND REASON FOR REFERRAL:

Please see reverse for Complex Care Program Criteria and complete all that apply

A partnership with:



COMPLEX CARE PROGRAM CRITERIA (Please check ALL that apply: must meet 4 of the 5)
1. TECHNOLOGY DEPENDENT AND/OR USERS OF HIGH INTENSITY CARE (Please check ALL that apply)
<input type="radio"/> Child is dependent on mechanical ventilators, and/or requires prolonged IV administration of nutritional substances or drugs and/or is expected to have prolonged dependence on other device based support <i>For example: tracheostomy tube care, artificial airway, suctioning, oxygen support or tube feeding</i>
<input type="radio"/> Child has prolonged dependence on medical devices to compensate for vital bodily functions, and requires daily/near daily nursing care <i>For example: cardiorespiratory monitors; renal dialysis due to kidney failure</i>
<input type="radio"/> Child is not technology dependent but has any chronic condition that requires great level of care such as: <ul style="list-style-type: none"> <input type="checkbox"/> Child is completely physically dependent on others for activities of daily living (at an age when they would not otherwise be so dependent) <input type="checkbox"/> Child requires constant medical or nursing supervision or monitoring, medication administration and/or the quantity of medication and therapy they receive
2. CHRONICITY (Please check ALL that apply)
<input type="checkbox"/> The child's condition is expected to last at least six more months
<input type="checkbox"/> The child's life expectancy is less than six months
3. COMPLEXITY (Please check ALL that apply)
<input type="checkbox"/> Multiple Medical Conditions
<input type="checkbox"/> Involvement of at least five healthcare practitioners/teams and healthcare services are delivered in at least three of the following locations: <ul style="list-style-type: none"> <input type="checkbox"/> Home, School/Nursing school <input type="checkbox"/> Hospital <input type="checkbox"/> Children's Treatment Centre <input type="checkbox"/> Community-based clinic (e.g. doctor's office) <input type="checkbox"/> Other (at clinician's discretion)
<input type="radio"/> May not have a clear overriding diagnosis which accounts for all of the medical conditions
<input type="radio"/> The family circumstances impede their ability to provide day-to-day care or decision making for a child with medical complexity <i>For example: the primary caregiver and/or the primary income source are at risk of not being able to complete their day-to-day responsibilities</i>
4. FRAGILITY (Please check ALL that apply)
<input type="radio"/> The child has severe and/or life-threatening condition
<input type="radio"/> Lack of availability and/or failure of equipment, technology or treatment places the child at immediate risk resulting in a negative health outcome
<input type="radio"/> Short-term changes in the child's health status (e.g. an intercurrent illness) put them at immediate serious health risk

A partnership with:



- Requires frequent tertiary care hospitalization (two or more admissions to hospital lasting more than 3 weeks in the past year) or requires regular hospital based treatment in an out-patient clinic
- Likely to experience exacerbation of chronic condition necessitating assessment by a healthcare provider in a timely manner
- As a consequence of the child's illness, the child remains at significant risk of unpredictable life-threatening deterioration, necessitating round-the-clock monitoring by a knowledgeable caregiver

5. GEOGRAPHY

- Child meets criteria for at least three of the four previous categories, and has significant challenges to seek appropriate medical services based on rurality or access

Providers Signature: _____ Name (Print): _____

Billing Number: _____ Date: _____

Office Telephone: _____ Fax Number: _____



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