



## BSO HNHB Long Term Care Team - Service Request

BSO ID# Assigned:

<b>Date of Referral:</b>  <b>Client/ Resident Name:</b>	<p><b><i>*This section MUST be completed*</i></b></p> <p><b>Referral Source:</b></p> <p> <input type="radio"/> LTCH      <input type="radio"/> Acute Care  <input type="radio"/> HCCSS      <input type="radio"/> Behavioural Unit         </p> <p><b>LTCH Name:</b></p> <p><b>Contact Person:</b></p> <p><b>Phone:</b> _____ <b>Ext:</b> _____</p> <p><b>Email:</b> _____</p>	
<b>BSO Service Requested:</b> <input type="radio"/> BSO Mobile Team Support <input type="radio"/> BSO Social Worker		
<p><b>For Transition Referrals Only:</b></p> <p>LTCH being admitted to: _____ Date of Transition: _____</p> <p>Transitioning from:   <input type="radio"/> Community   <input type="radio"/> Acute Care   <input type="radio"/> BSTU   <input type="radio"/> Retirement Home</p>		
<p><b>Concern/ Responsive Behaviour(s) Observed:</b></p>          		
<p><b>Consent for Consultation Received from:</b>   <input type="radio"/> Client/ Resident   <input type="radio"/> PG&amp;T   <input type="radio"/> POA/SDM</p> <p><b><i>*For Social Work referral, resident consent required*</i></b></p> <p>Name: _____ Phone: _____</p>		
<p>By completing this form, I acknowledge that the Resident/Substitute Decision Maker (SDM) is aware of the role of BSO in the collection, use and disclosure of personal health information (PHI) with health service providers to assist with the care of the referred resident. Resident/SDM understands that BSO will assess the needs of the referred Resident and may direct referrals to a different service than requested based on the information gathered. Resident/SDM understands that they can withdraw consent at any time with all or a subset of service providers with no penalty. The withdrawal of consent does not have retroactive effect, nor does it affect the uses and disclosures of PHI collected by BSO Mobile Team as permitted or required by law without consent.</p> <p style="text-align: right;"><b>Initials</b> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span></p>		
<p><b>Other Services Involved:</b></p> <p> <input type="radio"/> BSO Community Team      <input type="radio"/> BSO Clinical Lead      <input type="radio"/> HCCSS  <input type="radio"/> BSO Transitional Lead    <input type="radio"/> PRC/ Alzheimer's Society    <input type="radio"/> Geriatric Outreach/Psychiatry  <input type="radio"/> Addiction Services      <input type="radio"/> Community Service      <input type="radio"/> Other: _____         </p>		
<p><b>Fax Completed Referrals to: Central BSO Mobile Intake: 1 -905-627-1836</b></p>		