Updated: April 15, 2020

REFERRAL FORM for COVID POSITIVE PEOPLE EXPERIENCING HOMELESSNESS

Fax to Inner City Health Associates: **647-689-7263** with results/documents. For assistance, **page** MD/RN on call **289-212-6843**

Patient Name: _____ Gender: _____ DOB: _____ OHIP/IFH: _____

Phone #: _____ Case manager: _____ Family MD/NP/Psych: _____ Children Y/N, ages

Shelter/Address: _____ Preferred language:_____ Indigenous/LGBT (pls circle)

Referral date/time: _____ Location: _____ Referring Provider: _____ Call-back #: _____

Eligibility: (check all that apply)	**Absolute exclusion:** (check all that apply)	**Relative exclusion:** (check all that apply)

❏ COVID positive
❏ Person experiencing homelessness (including Indigenous definition of Homelessness[1])
❏ Asymptomatic or mildly symptomatic
❏ Age 16+ (or with a guardian)
❏ Patient aware and accepts transfer (if approved)
	❏ Age >=65
	❏ BMI >=30
	❏ Immunocompromised (cancer, cirrhosis, HIV CD4<200 or detectable VL, immunosuppressant medications, hx transplant)
	❏ Requires intensive behavioural supports
	❏ Requires intensive ADL supports
	❏ Deemed medically complex based on comorbidities
		❏ 2+ co-morbidities: (check all that apply)
		  ❏ Chronic lung disease (COPD, asthma, 30 pack year smoking hx)
		  ❏ CKD
		  ❏ DM
		  ❏ CVD (eg. HTN, CHF, CAD)
		  ❏ Liver disease (specify)
		❏ Difficulty tolerating isolation environment

Recent vitals: Date/time _____ **O2 sat:** _____ **RR:** _____ **HR:**_____ **BP:** _____ **T:** _____

COVID INFORMATION: Date of COVID+ result: _____ Date of COVID symptom onset: _____ **COVID-related symptoms and course:**	**PAST MEDICAL Hx (including mental health hx):**
Substance/etoh hx: Past hx: Recent use: Hx withdrawal/OD:	**MEDICATIONS:** (can append ODB list or use back)
Behavioural supports required: **ADL supports required (taking meds, using phone):**	**Methadone/Suboxone:** _____ **Allergies:** _____ **Patient supply of meds[2] (# of days):** _____

[1] First Nations, Metis or Inuit individuals, families or communities lacking stable, permanent, appropriate housing

[2] **We suggest min 3 day Rx given to patient on discharge or prescription to Well+Good Pharmacy - Fax: 416-532-3329**