

This form aligns with the *Accessing a Continuing Care Home in Alberta: Supporting Transitions in Care* guide. Please review the guide prior to completing the form. Please refer to page 4 for definitions.

Date (dd-Mon-yyyy)			
Receiving Zone Contact		Referring Case Manager Contact	
Office		Office	
Name		Name	
Phone	Fax	Address	Province
Email		Email	Phone
			Fax
Client Information			
Last Name	First Name	Date of Birth (dd-Mon-yyyy)	PHN
Permanent Address			Phone
Home Address			
Current Location			
<input type="checkbox"/> At home <input type="checkbox"/> Acute Care <input type="checkbox"/> Continuing Care <input type="checkbox"/> Other (specify) _____			
Address/Site		Unit	Phone
Person to Contact for Continuing Care Home Offers			
<input type="checkbox"/> Client (see client information) <input type="checkbox"/> Alternate Decision Maker <input type="checkbox"/> Designated Support Person			
Last Name	First Name	Phone 1	Phone 2
Mailing Address			Relationship
Client Assessment (Complete as applicable)			
Assessed Level of Care (optimal)			
Waitlisted in Current Location <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Date (dd-Mon-yyyy)			
Preferred Community or Location			
Most Preferred Site	Preferred Site	Preferred Site	
Client prefers alternate temporary site in current city/zone <input type="checkbox"/> No <input type="checkbox"/> Yes			
Client prefers alternate temporary site in receiving zone (close to preferred site) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Person to Contact for Clinical Information and/or Updates			
Complete this section if the contact is different from referring case manager listed above			
<input type="checkbox"/> Case Manager			
Name		Role	
Phone	Fax	Email	
Comments			

Documents/Information Attached or Included

Resident assessment instrument - Home Care (RAI-HC) ensure updated with any significant change in status since last assessment or if greater than 6 months old

Note: assessment tools may vary across jurisdictions. Appropriate interRAI instruments may be considered

Date RAI-HC Completed (*dd-Mon-yyyy*)

See attached

Additional notes/Comments

Client contacts

(*alternate decision maker, family/support person*)

See attached

Additional notes/Comments

Health insurance information

(*Please include treaty number, if applicable. If client is from out of province, please include date applied for AB health care*)

See attached

Additional notes/Comments

Communicable disease/ infection history

(*for clients who have a history of an acute or chronic infection*)

See attached

Additional notes/Comments

TB screening questionnaire

(*completed within 1 year, dated and signed*)

See attached

Additional notes/Comments

Legal and financial documents (*as applicable*)

(*e.g. GCD/GCD Order, financial decision-making documents, enactment documents, etc.*)

See attached

Additional notes/Comments

Confirmation of ability to pay accommodation fees and additional costs

See attached

Additional notes/Comments

Documents/Information Attached or Included

Medication profile See attached
 (e.g. best possible medication history and/or medication review (*within 30 days*) and MAP level)

Additional notes/Comments

Immunization history See attached

Additional notes/Comments

Allergies and adverse reactions See attached

Additional notes/Comments

Medical equipment and medical supply needs See attached
 (e.g. oxygen, wound, ostomy & continence supplies and/or equipment) **Note:** Please ensure detailed supply & equipment needs listed

Additional notes/Comments

Care plan & medical assessment (*as applicable*) See attached
 (e.g. comprehensive care plan, behavior support plan, bedside care plan, and/or wound care plan)

Additional notes/Comments

Additional considerations See attached
 (e.g. cultural preferences, reunification requests, language needs, tobacco/substance/alcohol use, bariatric, dialysis, dietary/nutrition, respiratory, etc.)

Additional notes/Comments

Additional documents See attached
 (e.g. safety risk assessment, specialty consults and other relevant assessments from allied health professionals)

Additional notes/Comments

Signature

Date (dd-Mon-yyyy)

Edmonton - CCA.ReferralIntake@ahs.ca
 Calgary - calgaryoutofzonereferrals@ahs.ca
 Central - CentralZone.PlacementOffice@albertahealthservices.ca
 North - NZ.CCA@albertahealthservices.ca

South (Medicine Hat) - PHR.AccessandPlacement@ahs.ca
 South (Lethbridge) -
 CHI.COMM.CARE.ACCESS.ALLCommunityCareAccess@ahs.ca

Care Plan - working document which includes the assessed health and social needs of the client, the agreed upon health outcomes and target dates for achievement, the specific interventions/treatments that shall be provided and who provides them, and review and evaluation dates and information. More information about care planning is located at <https://www.albertahealthservices.ca/info/Page10914.aspx>.

Case Manager means the health professional that will help navigate the continuing care system. A case manager has the primary responsibility to work with clients to assess care needs and assist with service options. They may also be called a transition coordinator.

Note: For the purposes of this document the term case manager includes the health professional responsible for comprehensive assessment and determination of care needs (e.g., care coordinator, First Nations & Inuit Health nurse, etc.)

Goals of Care Designation (GCD) means one of a set of short-hand instructions by which health care providers describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for a patient as established after consultation between the most responsible health practitioner and patient or alternate decisionmaker.

Goals of Care Designation (GCD) Order means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate). The goals of care vary from province to province and is not standardized across Canada. For referrals from outside of Alberta, please send any documentation that would be equivalent to GCD Order. More information about GCD and GCD Order is located at <https://www.albertahealthservices.ca/info/Page9099.aspx>.

Medication Assistance Program (MAP) level, if applicable, or level of assistance required with medications. Additional information available in the MAP Manual located at <https://www.albertahealthservices.ca/info/Page10406.aspx>.

If MAP is not in place, please provide detail regarding the level of assistance the client needs with medication.

- MAP Level 1: Reminder
- MAP Level 2: Some/partial assistance
- MAP Level 3: Full assistance

Medical equipment and supply needs examples:

- If the client is using a catheter: please indicate catheter type, size, etc.
- If the client is using oxygen: please indicate mask type and number of litres of oxygen.
- Tub chair
- Mobilization devices
- Wound care supplies
- Continence management supplies
- Ostomy supplies
- Pressure stockings

Note: please ensure detailed supply & equipment needs listed

Resident Assessment Instrument- Home Care (RAI-HC): a standardized, minimal assessment and screening tool designed for clinical use.

Note: Assessment tools may vary across jurisdictions. Appropriate interRAI instruments may be considered.

A comprehensive assessment, using the appropriate interRAI instrument assessment tool, is used to determine the client's care needs. Results from the comprehensive assessment, in addition to information from the client's care team and secondary assessments regarding physical function, mental health, social abilities, and financial circumstances, all play a role in determining the client's needs.