

# What is the Toronto Seniors Helpline referral form?



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Toronto Seniors Helpline referrals are prepared for patients who need services and are sent to agencies. Listed below are all the tabs that need to be completed when sending a Toronto Seniors Helpline referral form. Please view **'How do I complete a referral?'** for more details.

### Client Details (1)

A summary of key information about the referral form, such as Patient name, MRN and responsible person(s) for the referral. This is a standard tab across all referral care types.

### Demographics (2)

Relevant information identifying the patient. This is a standard tab across all referral care types.

### Community Form (3)

Includes information required by the Community Support Services intake to determine the appropriate community services for the patient. Examples of fields include: What is the client's care needs, Consent and reason for the referral.

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## Toronto Seniors Helpline form (4)

Includes information required by the Community Support Services intake to determine the appropriate community services for the patient. Examples of fields include: Consent, Services Requested and Services Currently Receiving.

## Send/Manage Referrals (5)

Includes current referrals associated with the patient and functionalities to send the referral. Please view **'How do I send a Toronto Seniors Helpline referral?'** guide for more details on sending a referral.

STRATA Pathways™

Welcome: RMR Program  
Acting as: TEST - Referral Sender

Viewing client: 99TEST001, Matt - Conva BLM - July 5  
Date Of Birth: N/A  
Health Card Number: No Identifier

Assessment > Dashboard > Select Care Type > Toronto Seniors Helpline

Go Back Help Dashboard 4 Switch To Log Out Dev

Client Details Demographics Retired - Community Form Retired - CNAP Application Community Form Toronto Seniors Helpline Uploaded Files (0)

Send and Manage Referrals 5 Save

**Consent (Expressed consent is best practice. Please document if you captured consent for the information to be disclosed to facilitate this referral.)**

Implied  Expressed

**Urgent Situation? (Client requires contact from an agency within 1 Business day)**

Yes  No

**Services - Requested**

<input type="checkbox"/> Adult day program	<input type="checkbox"/> Caregiver support	<input type="checkbox"/> Case management
<input type="checkbox"/> Crisis support & assistance	<input type="checkbox"/> Foot care	<input type="checkbox"/> Friendly visiting
<input type="checkbox"/> Group dining	<input type="checkbox"/> Health promotion	<input type="checkbox"/> Home help or homemaking
<input type="checkbox"/> Home maintenance & repair	<input type="checkbox"/> Hospice care	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Medical Escort	<input type="checkbox"/> Overnight adult day program	<input type="checkbox"/> Personal care or support
<input type="checkbox"/> Respite	<input type="checkbox"/> Security check	<input type="checkbox"/> Social & recreational
<input type="checkbox"/> Social work	<input type="checkbox"/> Shopping assistance	<input type="checkbox"/> Shopping list pickup
<input type="checkbox"/> Shopping trips	<input type="checkbox"/> Supportive housing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other (explain)		

Services Requested - Additional Information

Specify

**Services - Currently Receiving**

<input type="checkbox"/> Adult day program	<input type="checkbox"/> Caregiver support	<input type="checkbox"/> Case management
<input type="checkbox"/> LHIN - Home and Community Care	<input type="checkbox"/> Crisis support & assistance	<input type="checkbox"/> Foot care
<input type="checkbox"/> Friendly visiting	<input type="checkbox"/> Group dining	<input type="checkbox"/> Health promotion
<input type="checkbox"/> Home help or homemaking	<input type="checkbox"/> Home maintenance & repair	<input type="checkbox"/> Hospice care
<input type="checkbox"/> Lifeline	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Medical Escort



Access to different care type referral forms is set at an organization and user level. Please contact your **Local Registration Authority (LRA)** for details and to request access. If you are unsure of your LRA, please contact the **RM&R program** at [rmr\\_program@uhn.ca](mailto:rmr_program@uhn.ca)