



BSO HNHB Long Term Care Team - Service Request

BSO ID# Assigned:

Date of Referral: Client/ Resident Name:	*This section MUST be completed*		
BSO Service Requested: <input type="checkbox"/> BSO Mobile Team Support	Referral Source:	<input type="checkbox"/> LTCH <input type="checkbox"/> Acute Care <input type="checkbox"/> OAH <input type="checkbox"/> Behavioural Unit	
	LTCH Name:		
	Contact Person:		
	Phone:	Ext:	
	Email:		
For Transition Referrals Only: LTCH being admitted to: Date of Transition:			
Transitioning from: <input type="checkbox"/> Community <input type="checkbox"/> Acute Care <input type="checkbox"/> BSTU <input type="checkbox"/> Retirement Home			
Concern/ Responsive Behaviour(s) Observed:			
Consent for Consultation Received from: <input type="checkbox"/> Client/ Resident <input type="checkbox"/> PG&T <input type="checkbox"/> POA/SDM *For Social Work referral, resident consent required*			
Name:		Phone:	
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. Initials <input type="text"/>			
Other Services Involved: <input type="checkbox"/> BSO Community Team <input type="checkbox"/> BSO Clinical Lead <input type="checkbox"/> OAH <input type="checkbox"/> BSO Transitional Lead <input type="checkbox"/> PRC/ Alzheimer's Society <input type="checkbox"/> Geriatric Outreach/Psychiatry <input type="checkbox"/> Addiction Services <input type="checkbox"/> Community Service <input type="checkbox"/> Other:			
Fax Completed Referrals to: Central BSO Mobile Intake: 1 -905-627-1836			

"I am who I am, so help me continue to be me."