CHEO

Name: _____ DOB: ___/___/___ Sex ☐ F ☐ M Telephone (1): _____ Telephone (2): _____ Contact Name: _____ ☐ Mother ☐ Father ☐ Guardian Health Card #: _____	PATIENT LABEL

ELIGIBILITY CRITERIA (Please check ALL that apply).

☐ Patient is under 17 years of age at time of referral

☐ Patient has an unmet need for care coordination

☐ Patient has a primary care provider that will remain actively involved in patient's care

☐ Medically complex child/youth not currently being followed by a multi-disciplinary team (e.g., diabetes team, cystic fibrosis, or neuromuscular clinics). Rather, child/youth should continue to be followed in their current team rather than (individual exceptions

☐ Agencies' involvement other then hospital (e.g. Home or School Care, Children Treatment Center Palliative Care Team)

☐ Child has a valid Ontario Health Card

LANGUAGE

Will an interpreter be required: ☐ No ☐ Yes - Language required: _____

AFFILIATED COMPLEX CARE SATELLITE (If applicable)

☐ Timmins and District Hospital & Cochrane Temiskaming Children's Treatment Centre

☐ Montfort Hospital.
NOTE: If patient is currently receiving care from a Montfort pediatrician, please write pediatrician's name:

☐ Brockville Satellite Clinic with SE LHIN, Kids Inclusive and Brockville General Hospital

DIAGNOSIS AND REASON FOR REFERRAL:

A partnership with:

HOME AND COMMUNITY CARE SUPPORT SERVICES
Champlain

The Ottawa Rotary Home

CTECT
CTCTC

Provincial Council for Maternal and Child Health
building a brighter future

Roger Neilson House
LA MAISON ROGER NEILSON

SCS
SERVICE COORDINATION SUPPORT
SERVICE COORDINATION SOUTIEN
FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
POUR LES PERSONNES AYANT UNE DÉFICIENCE INTELLECTUELLE

coordinatedaccess

Montfort

COMPLEX CARE PROGRAM CRITERIA (Please check ALL that apply: must meet 4 of the 5)

1. TECHNOLOGY DEPENDENT AND/OR USERS OF HIGH INTENSITY CARE
(Please check ALL that apply)

☐ Child is dependent on mechanical ventilators, and/or requires prolonged IV administration of nutritional substances or drugs and/or is expected to have prolonged dependence on other device based support
For example: tracheostomy tube care, artificial airway, suctioning, oxygen support or tube feeding

☐ Child has prolonged dependence on medical devices to compensate for vital bodily functions, and requires daily/near daily nursing care
For example: cardiorespiratory monitors; renal dialysis due to kidney failure

Child is **not** technology dependent but has any chronic condition that requires great level of care such as:

☐ Child is completely physically dependent on others for activities of daily living (at an age when they would not otherwise be so dependent)

☐ Child requires constant medical or nursing supervision or monitoring, medication administration and/or the quantity of medication and therapy they receive

2. CHRONICITY (Please check ALL that apply)

☐ The child's condition is expected to last at least six more months

☐ The child's life expectancy is less than six months

3. COMPLEXITY (Please check ALL that apply)

☐ Multiple Medical Conditions

☐ Involvement of at least five healthcare practitioners/teams and healthcare services are delivered in at least three of the following locations:

☐ Home, School/Nursing school

☐ Hospital

☐ Children's Treatment Centre

☐ Community-based clinic (e.g. doctor's office)

☐ Other (at clinician's discretion)

☐ May not have a clear overriding diagnosis which accounts for all of the medical conditions

☐ The family circumstances impede their ability to provide day-to-day care or decision making for a child with medical complexity
For example: the primary caregiver and/or the primary income source are at risk of not being able to complete their day-to-day responsibilities

4. FRAGILITY (Please check ALL that apply)

☐ The child has severe and/or life-threatening condition

☐ Lack of availability and/or failure of equipment, technology or treatment places the child at immediate risk resulting in a negative health outcome

☐ Short-term changes in the child's health status (e.g. an intercurrent illness) put them at immediate serious health risk

☐	Requires frequent tertiary care hospitalization (two or more admissions to hospital lasting more than 3 weeks in the past year) or requires regular hospital based treatment in an out-patient clinic
	Likely to experience exacerbation of chronic condition necessitating assessment by a healthcare provider in a timely manner
☐	As a consequence of the child's illness, the child remains at significant risk of unpredictable life-threatening deterioration, necessitating round-the-clock monitoring by a knowledgeable caregiver

5. GEOGRAPHY

☐	Child meets criteria for at least three of the four previous categories, and has significant challenges to seek appropriate medical services based on rurality or access

Providers Signature: _____   Name (Print): _____

Billing Number: _____   Date: _____

Office Telephone: _____   Fax Number: _____

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A partnership with:

HOME AND COMMUNITY CARE SUPPORT SERVICES
Champlain