HOME CARE TRANSFER FORM – AGENCY TO AGENCY



TO:						
FROM:						
DATE OF TRANSFER:						
PHIN:						
CLIENT'S NAME SURNAME	GIVEN N	NAMES	SEX	BIF	RTHDATE	PHONE NUMBER
HOME ADDRESS						POSTAL CODE
AND NAME TREATY NUMBER				MHSC NUMBER		
				I	IN WHICH LANGUAGE DOES PERSON COMMUNICATE BEST?	
PRESENT LOCATION SAME AS ADDRESS OTHER (SPECIFY)						
MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED/SEPARATED OTHER						
NEXT OF KIN OR PERSON RESPONSIBLE (N	LATIONSHIP	TIONSHIP PHONE NUMBER				
ADDRESS					POSTAL CO	DDE
NAME OF KIN OR PERSON RESPONSIBLE (I	LATIONSHIP	PHONE NUMBER				
ADDRESS					POSTAL CODE	
PHYSICIAN'S NAME					PHONE NUMBER	
ADDRESS					POSTAL CODE	
DIAGNOSIS (EXTENT OF DISABILITY)					DIAGNOSIS KNOWN: TO FAMILY TO PERSON YES YES NO NO	
COMMUNICATION (SPECIFY IF PROBLEM)						
MEDICATIONS	PRESENT 1	PRESENT TREATMENTS				
UNDERSTANDS YES NO PARTI	VITAL SIGN	VITAL SIGNS				
COMPLIANCE YES NO PARTIA	AL					-

ASSESSMENT (continued) Page 2 of 4

1. Ambulation	Unlimited with or without much aid	Bed to chair
	Outdoors with assistance	Bed to chair with assistance
	Indoors, amb. with assistance	Bedfast – can turn self
	Wheelchair independent	Bedfast – must be turned
	Wheelchair with assistance	Cannot manage stairs
		Stairs with assistance
		Stairs independent
Reason:		
Current Management: _		
Planned Intervention: _		
2. Elimination	Completely continent	Incontinent feces, always
	Incontinent urine, night only accident	Completely incontinent
	Incontinent urine, always	Other (specify)
	Incontinent feces, occ.	
	Retention of urine	
Reason:		
Current Management: _		
Planned Intervention: _		
O. Mantal Otation	On manufacture or in a stand	Danwarad
	Completely oriented	Depressed
	Forgetful, occ.	Anxious
	Confused, etc.	Bizarre behaviour (specify)
_		
Planned Intervention: _		
4. Personal Care		
Bathing	Independent with shower or bath	Can bath only with supervision, assistance
9	Independent with mechanical aids	Has to be bathed
	Can sponge bath self	
Dressing _	Independent	Can dress/undress with minimal assistance
	Independent with supervision	Requires considerable assistance
		Has to be dressed/undressed
Reason:		
Current Management: _		
Planned Intervention:		

ASSESSMENT (continued) Page 3 of 4

4. Personal Care (continue	ed)	
Eating	Independent	Requires assistance or encouragement
	Independent with mechanical aids	Has to be fed
	if food cup up	
Reason:		
Current Management:		
Planned Intervention:		
Daily Functioning (Specify if	any problem in shopping, preparation of mea	ls, household cleaning, use of phone and/or household chores)
Pagagon		
_		
Flaimed intervention		
5. Social Functioning		
Judgement in preser	nt environment	
	Realistic	Limited ability to make judgement
	Adequate for personal safety	Unrealistic
Reason:		
Current Management:		
Planned Intervention:		
Living Arrangements	;	
	Satisfactory Alone	With Relative
	Unsatisfactory Bedridden	Other (specify)
	Foster Home	
Reason:		
Current Management:		
Planned Intervention:		
Participation in Activities (Observations of worker. Please comment of	on each section).
a) How does the individual spend		
his/her time?		
and contacts would the	nd contacts would the individual like to have	9?
preferences relevant to the	pus preferences relevant to the delivery codes	of Home Care Services
	as viewed by client) Satisfactory	
·		•
Current Management:		
Planned Intervention:		

ASSESSMENT (continued) Page 4 of 4 Social Functioning (continued) Degree of Supportiveness of Family (as viewed by client) ____ Supportive ____ Non Supportive ____ Specify Nature of Support _____ ____ Sometime Supportive Reason: _ Current Management: ___ Planned Intervention: ____ Degree of Supportiveness of Friends/Neighbours (as viewed by client) Supportive Non Supportive ____ Sometime Supportive ____ Specify Nature of Support _____ Reason: _ Current Management: __ Planned Intervention: ____ REASON FOR TRANSFER CARE PLAN AND GOALS (Summary) PRESENT SERVICES: INDICATE FREQUENCY AND TYPE OF SERVICE BEING PROVIDED (If Applicable) **SERVICE** SOURCE/AGENCY **TYPE FREQUENCY ACTIVITY AUTHORIZED** Nursing Therapy H.M. Meal Delivery Adult Day Program Day Hospital

Equipment

Supplies (Drsg. Etc.)
Other