



Interdisciplinary healthcare for homebound seniors

Please see the eligibility criteria/intake process below and on the next page if you would like to become a House Calls client.

House Calls provide frail and homebound seniors with physician-led interdisciplinary care at home. This team provides seniors with comprehensive ongoing primary care, as well as chronic and acute disease management, medication administration, in-home interdisciplinary assessments, ongoing case management, and system navigation. The House Calls program aims to keep people who are medically complex at home. The goal is to prevent ER and hospital admissions and optimize people's safety and ability to remain at home.

The team consists of physicians, social workers, occupational therapists, a physiotherapist and nurse practitioners, all of whom are supported by team coordinators.

Eligible clients must:

1. Be 65 years or older.
2. Have difficulty accessing a family physician because of physical, cognitive or social frailty.
3. Have a valid OHIP card.
4. Transfer their primary care from their current family physician or nurse practitioner to the House Calls physician or nurse practitioner.
5. Live in the House Calls catchment area—i.e., have a postal code that begins with one of the following combinations of letters and digits: M4G, M4N, M4P, M4R, M4S, M4W, M4T, M4V, M4X, M4Y, M5B, M5G, M5M, M5N, M5P, M5R, M5S, M5T, M6E, M6H or M6C, M6G, M6H, M6P, M6R or M6S.
6. Not live in a retirement residence or long-term care facility. If staying at a reintegration unit, please consider referral at discharge.
7. Not actively need palliative care at the time of enrollment, and must not be actively using mechanical ventilation, tracheostomies and feeding tubes.
8. Not have a current physician/nurse practitioner that makes house calls or is willing to make house calls.
9. Provide consent to participating in our intake process (see next page).

A referral to House Calls does not guarantee acceptance. Please refer to the acceptance process on this page and Page 2.

House Calls Intake Process

Referral

Fax referral form: 416-481-2590 or mail to: House Calls, 140 Merton St., Toronto, ON, M4S 1A1. House Calls referrals are reviewed every Wednesday. All referrals received by Tuesday at 4 p.m. will be reviewed by the House Calls team on Wednesday.

Preliminary Assessment

If a client appears eligible, they will be contacted by a team member to schedule a preliminary assessment. This preliminary assessment typically takes 30 minutes and will be completed by either an occupational therapist or a social worker. The purpose of this visit is to determine the client's eligibility.

Initial Assessment

Following the preliminary assessment, the entire House Calls team will review the details of the assessment to determine eligibility. If accepted to the team, the same team member who completed the preliminary assessment will visit to complete an initial assessment. This assessment takes approximately one hour.

First physician/nurse practitioner visit

Once complete, the physician or nurse practitioner assigned will review the assessment and the patient will be contacted with their initial scheduled visit. You can expect a visit from your new family doctor/nurse practitioner approximately 4-6 weeks from the time of the preliminary assessment. Note: you can continue to receive care from your previous primary care practitioner until the intake process is complete.

For office use only:

HOUSE CALLS REFERRAL FORM

Questions? Call 416-481-5099



Interdisciplinary healthcare for homebound seniors

**This form can be
faxed or mailed:**

MAIL:
House Calls
140 Merton St., 2nd Floor
Toronto, ON, M4S 1A1

FAX:
416-481-2590

Please complete this form and ensure that all information is filled out completely and correctly. Missing information or errors may result in a delayed assessment process. Thank you.



1. Check mark the referral's level of urgency:

Routine

Urgent

Date of referral:

What is the reason you are making this referral? If urgency has been identified, please explain.

House Calls will review the reason for urgency and triage the referral appropriately



2. Provide client's contact information:

First name:

Last name:

Preferred
name:

Date of
Birth:

Month

Day

Year

Gender:

Address:

City:

Province:

Postal
Code:

Phone number:

OHIP Number and Version Code:

OHIP Card Expiry Date:

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3. Provide information about the person completing this form:

Name:

Contact number:

Email:

Fax:

Self

LHIN/Ontario Health

Family physician or nurse practitioner

Community support service agency

Family/caregiver/friend

Hospital Dept:

Please attach recent consults and/or discharge summaries, if available.



4. Client Eligibility:

Has the client been informed about their referral to House Calls? Yes No

Does the client understand that if accepted to House Calls, they will need to transfer their primary care from their current family physician or nurse practitioner? Yes No

Does the client consent to transfer their care to House Calls? Yes No

Is the client 65 years of age or older? Yes No

Does the client live in the catchment area M4G, M4N, M4P, M4R, M4S, M4W, M4T, M4V, M4X, M4Y, M5B, M5G, M5M, M5N, M5P, M5R, M5S, M5T, M6E, M6H, M6C, M6G, M6H, M6P, M6R or M6S? Yes No

Please identify the closest intersection to the client's home:

What is the client's primary diagnosis? Please provide a brief medical history:

Does the client have difficulty accessing a family physician or nurse practitioner because of physical, cognitive and psychiatric impairments? Yes No

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If you answered "yes" to the previous question, check mark the impairments that apply and explain:

Physical

Cognitive/
Psychiatric

Social

Safety risks (eg. Pets, bedbugs, communciabile diseases, physical agression, smoking, clutter, building hazards).

Where patient care needs exceed the scope of home-based primary care, complex continuing care may be a more appropriate care option. The House Calls team does not accept patients that are actively using mechanical ventilation, tracheostomies and feeding tubes. We do not accept patients that are actively in need of palliative care at the time of enrollment.

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5. Client Information:

Has the client visited the hospital (ED or other) in the previous 3 months?	Yes	No
Has the client fallen within the previous 3 months?	Yes	No
Does the client have a family physician or nurse practitioner?	Yes	No
If yes above, does this physician or nurse practitioner provide house calls?	Yes	No

If the client has a family physician or nurse practitioner, please provide their information:

Name: Phone number:

Has the client visited their family physician/nurse practitioner within the last 3 months?	Yes	No
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6. Social Information:

Marital status: Languages spoken:

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Does the client live alone? Yes No

Details:

Does the client use assistive devices such as a walker, wheelchair, etc.? Yes No

Details:

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7. Is the LHIN or Ontario Health involved in the client's care? Yes No

If you check marked "Yes" above, please provide further information:

Name of Care Phone
Coordinator: number:

Provide details on LHIN services that the client is currently receiving, including number of hours/visits per week:

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8. Can we contact the client directly? Yes No

If you check marked No, above, please provide information about the client's contact person:

Name: Phone number:

Relationship
to client:

**PLEASE COMPLETE THIS FORM AND FAX IT TO 416-481-2590 OR MAIL IT TO:
HOUSE CALLS, 140 MERTON ST., 2nd FLOOR, TORONTO, ON, M4S 1A1**



A referral to House Calls does not guarantee acceptance. Please refer to the first and second pages of this form for the acceptance process.