Good Shepherd Centres
Transitional Beds Program
Men's Centre
135 Mary St, Hamilton, L8N 3R1
T (905) 572-6824
F (905)741-0527

Please Complete all sections of the referral and consent forms
FAX TO: (905)741-0527

Transitional Beds Program Referral Form

Client Information:

PATIENT LABEL

Health Profile:

Reason for Referral: _____

Admission Dx/Presenting Compliant_____

Referral Source: ☐ Hamilton General ☐ St Josephs ☐ Juravinski ☐ Other

If other, please specify: _____

Ward: _____ Referral Contact: _____ Phone: _____

Total length of stay in hospital prior to referral: _____ Projected LOS in hospital _____

Mental Health Hx: _____ _____

_____ _____ _____

_____ _____ _____

Previous Medical History (*list relevant diagnostic information incl. communicable diseases and mobility issues*):

_____ _____ _____

_____ _____ _____

_____ _____ _____

Substance use *(list substances and preferred method. Include whether client goes to SIS or utilizes safe supply*):

_____ _____ _____

_____ _____ _____

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Medications *(Hospitals may attach a copy of current MAR including any prn medications)*

_____ _____ _____

_____ _____ _____

_____ _____ _____

Does this patient have a current drug card? ☐ Yes ☐ No

Service Needs:

Does this patient require home care? ☐ Yes ☐ No

If yes, patient **MUST** be identified as a Shelter Health Network patient on the Home and Community Care referral form

Does this patient have a current family physician, addictions specialist or Psychiatrist? ☐ Yes ☐ No

If yes:

Name: _____ Specialty: _____ Phone: _____

Name: _____ Specialty: _____ Phone: _____

Name: _____ Specialty: _____ Phone: _____

Do they have a Case Manager or Support Worker? ☐ Yes ☐ No

If yes: Name: _____ Phone: _____

Income: ☐ OW ☐ ODSP ☐ CPP ☐ OAS ☐ Working ☐ Other

If other please specify: _____

Additional Comments (*please add/attach any further pertinent patient information. Any information regarding any actual or perceived barriers to care would be helpful):*

_____

_____

_____

_____

Have the discharging physician fill out the physician to physician referral form and fax with general referral form. Once fax is received staff will contact you to arrange face to face with patient and discuss further admission details.