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Leading With Conviction And Courage

Punjabi Community Health Services
SAHARA Caregiver Support Program – Referral

Please fax this form together with related consultation notes, recent lab results, and any screening tools completed (e.g. interRAI) to 905-677-9141 or 1-855-326-7756
DATE OF REFFERAL:

REFERRAL SOURCE:

Staff Name:	Title and Organization:	Contact Information:

CLIENT INFORMATION:

First Name:	Last Name:	Marital Status:
Address:	City and Postal Code:	Health Card No.:
Telephone No.:	D.O.B.: Age:	Female ☐ Male ☐
Alternate Contact Name:	Telephone No.:	Relationship to Client:
Languages: ☐ English ☐ French ☐ Urdu ☐ Punjabi ☐ Hindi ☐ Other:_____		
Client lives with: ☐ Spouse ☐ Alone ☐ Children ☐ Partner ☐ Other:_____		
Has client been informed of referral? ☐ Yes ☐ No	First contact should be: ☐ Client ☐ Family	

CHECKLIST FOR CAREGIVERS: ✔ Yes ✔ No **ADDITIONAL COMMENTS:**

Is client the caregiver?			
Is caregiver receiving additional supports? (external community resources)			
Client provided consent for home visit?			

CHECKLIST FOR CARE RECEIVER (SENIOR): ✔Yes ✔No **ADDITIONAL COMMENTS**

What is the age of the senior?	-----	------	
Is care receiver getting additional supports? (external community resources)			
Inter-RAI-CHA attached?			
For Respite Services: MAPLe Score: 2 or 3?			

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RESPITE SUPPORT NEEDS:

PLEASE INDICATE THE NEEDS OF THE CAREGIVER: