Connecting you with care
Votre lien aux soins
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires

Head Office
800 King Street West
Kitchener ON N2G 1E8
Phone (Intake): 519 883 5500
Fax (Intake): 519 883 5550
Toll Free Phone: 1 888 883 3313

Name _____
Address _____
City _____ PC _____
Phone _____ DOB _____ DD/MM/YY
HCN _____ VC _____

Request for CCAC Services

☐ Referral from Community: Phone Intake, complete this form in full, fax to Intake (phone & fax listed above)
☐ Referral from Hospital: Contact CCAC office, identify hospital/unit/floor _____, refer to back of this form for phone and fax numbers of CCAC hospital offices

☐ The client or lawfully authorized substitute decision-maker has consented to this referral
☐ Please contact the person below (if not the client) for assessment purposes due to:
☐ Questions relating to client capacity ☐ Hearing difficulties ☐ Language difficulties
☐ Client preference ☐ Other _____

Contact Person _____ Relationship _____
Phone (H) _____ Phone (C) _____ Phone (W) _____
Primary Care Physician _____

Requested Service(s)

Wherever feasible, the client/ caregiver is taught the treatment protocol.

☐ Dietetics
☐ Nursing
☐ Palliative Nursing
☐ Occupational Therapy
☐ Personal Support Services
☐ Physiotherapy
☐ Social Work
☐ Speech Language Pathology

Primary Diagnosis _____ Date _____
Secondary Diagnosis _____
Surgical Procedure _____ Date _____
Current Medications:

Allergies _____ Special Diet _____
Reason for Referral:

Primary Language _____ WSIB Claim? ☐ Yes ☐ No

For parenteral and infusion therapy (i.e., medication, hydration), please complete form WW525

Medical Orders: ☐ Drain Care ☐ Wound Care Best Practice Protocol
☐ Urinary Catheter Care: ☐ Irrigate ____ CC ☐ Removal Date _____ ☐ Reinsert Date _____ ☐ Size ____ Fr Catheter

Hospice Palliative Care (for individuals living with a life-threatening illness/diagnosis, at any age, requiring care for comfort, improving their quality of living, or relieving symptom management issues)

ESAS SCORES FROM LAST VISIT (10 equals worst possible for each symptom) SYMPTOMS PRESENTING ON ____/____/____
Pain ____ Fatigue ____ Nausea ____ Depression ____ Anxiety ____ Drowsiness ____ Appetite ____ Wellbeing ____ SOB ____
Is patient aware of this palliative referral? ☐ Yes ☐ No Performance Score: PPS _____ ☐ SRK (complete form WW094A)
☐ Palliative Physician (*Referral does not mean acceptance. MRP remains responsible. Case Manager (CM) will contact to clarify care required.*)
☐ Nurse Practitioner (*works collaboratively with MRP*) ☐ Spiritual Care Provider ☐ Community Support Services

Name (please print) _____ ☐ MD ☐ RN(EC) Phone# (Private) _____
Signature _____ Date _____ CPSO/CNO# _____

CCAC Hospital Offices:

CMH CCAC, Cambridge	Phone (519) 621-2330 x 4290	Fax (519) 621-4446
GGH CCAC, Guelph	Phone (519) 837-6440 x 2862	Fax (519) 767-2965
GRH FHC CCAC, Kitchener	Phone (519) 749-4300 x 7133	Fax (519) 894-8372
GRH KWHC CCAC, Kitchener	Phone (519) 749-4300 x 2789	Fax (519) 743-9783
NWHC GMH CCAC, Fergus	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC LMH CCAC, Mount Forest	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC PDH CCAC, Palmerston	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
SJHC CCAC, Guelph	Phone (519) 824-6000 x 4366	Fax (519) 823-9960
SMGH CCAC, Kitchener	Phone (519) 749-6578 x 1186	Fax (519) 749-6800