

# People Accessing Care Teams (PACT)

Vaughan Community Health Centre



PACT– Keswick Location: 716 The Queensway South, Keswick, ON  
 Phone: 905 476 5621 Fax: 905 476 3008 www.vaughanchc.com/PACT

<p style="text-align: center;"><b>Patient Information</b></p> <p style="text-align: center;">(Name, DOB, Health Card # &amp; Version code, Address, Phone #)</p>	<p style="text-align: center;"><b>Referring Provider</b></p> <p style="text-align: center;">(Name, Billing #, Phone #, Fax #, Address)</p> <p style="text-align: center;">Signature _____ Date: _____</p>
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We serve clinically and socially complex patients. Particularly, we focus on offering services to individuals who do not have extended health benefits. Referred patient has private health benefits: **Yes**  **No**  **(MANDATORY to process referral)**

**(please see description of the services and important notes at the back of this form)**

Services Requested	MANDATORY information to complete. Please attach with referral
<input type="checkbox"/> Case Management	<input type="checkbox"/> Reason for referral _____
<input type="checkbox"/> Chiropody	<input type="checkbox"/> Medication list <input type="checkbox"/> Reason for referral _____
<input type="checkbox"/> Community Dietitian	<input type="checkbox"/> Medication list <input type="checkbox"/> Recent blood work Has the patient been diagnosed with type 2 diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Reason for referral _____
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Program  or <input type="checkbox"/> Spirometry Test	<input type="checkbox"/> Medication list <input type="checkbox"/> Authorization to perform Pre-& Post Spirometry testing Yes <input type="checkbox"/> No <input type="checkbox"/> with <input type="checkbox"/> Ventolin or <input type="checkbox"/> Atrovent <input type="checkbox"/> To have the Spirometry interpreted, please indicate the OHIP Billing # _____ <input type="checkbox"/> or recently interpreted Spirometry/PFT test reports attached
<input type="checkbox"/> Mental Health (Non MVA or WSIB) Psychology and/or Social Work to be triaged	<input type="checkbox"/> Medication list <input type="checkbox"/> Reason for referral _____
<input type="checkbox"/> Physiotherapy (Non MVA or WSIB) One treatment area per referral	<input type="checkbox"/> Medication list <input type="checkbox"/> Primary Treatment Area: _____ Time of onset _____ <input type="checkbox"/> Diagnostic imaging results (e.g. X Ray, MRI, Ultrasound) <input type="checkbox"/> Reason for referral and limitations/restrictions if any _____
<input type="checkbox"/> Respiratory Consult (Non MVA or WSIB)  or <input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Medication list <input type="checkbox"/> Reason for referral _____
<input type="checkbox"/> Social Programs (Walk in)	

Spoken Language: English  French  Other  (please specify): \_\_\_\_\_

Additional History/ Clinical Information (attach additional pages if required): \_\_\_\_\_

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Allied Health Services	Description
1. Case Management / System Navigation	<ul style="list-style-type: none"> <li>Support in navigating various systems - education, legal, immigration, housing, and employment</li> <li>Referrals to other community organizations and government services</li> <li>Help with completing applications/forms</li> </ul>
2. Chiropody (Up to 4 sessions)	<ul style="list-style-type: none"> <li>Dermatological issues (warts/corns/callus).</li> <li>Individuals who are unable to reach their feet due to physical disabilities</li> </ul>
3. Community Dietitian (up to 6 sessions)	<ul style="list-style-type: none"> <li>Prenatal nutrition (i.e. healthy eating during pregnancy)</li> <li>Infant, toddler, child nutrition</li> <li>Education for food allergies and intolerances</li> <li>Hypertension</li> <li>Dyslipidemia</li> <li>Meal planning for digestive issues (e.g. heart burn, reflux, constipation, diarrhea, irritable bowel syndrome etc.)</li> <li>Weight management</li> </ul>
4. Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Program	<ul style="list-style-type: none"> <li>Respiratory therapist assess need for Pulmonary Rehabilitation</li> <li>Smoking Cessation for individuals and in group counselling sessions for patients 19 years of age and above</li> <li>Spirometry test, Walk test</li> <li>Self-management education</li> <li>Exercise Groups</li> </ul>
5. Mental Health (Psychology and/or Social Work to be triaged) (Psychologist - up to 5 sessions) (Social Worker - up to 6 sessions)	<ul style="list-style-type: none"> <li>Individual counselling sessions to manage emotions, chronic mental &amp; physical health issues</li> <li>Couples counselling. Family counselling</li> <li>Trauma</li> <li>Parenting related to children of any age (including teenagers)</li> <li>Life stressors and work/life balance</li> <li>Isolation</li> </ul>
6. Physiotherapy (Up to 6 sessions)	<ul style="list-style-type: none"> <li>Personalized therapeutic exercise</li> <li>Soft tissue and manual therapy techniques</li> <li>Functional activity and tolerance testing and training</li> <li>Prescription, fabrication and application of assistive, adaptive, supportive and protective devices and equipment</li> </ul>
7. Respiratory consult	<ul style="list-style-type: none"> <li>Respiratory assessment</li> <li>COPD</li> <li>Asthma</li> </ul>
8. Smoking cessation	<ul style="list-style-type: none"> <li>Smoking Cessation with STOP Program with CAMH</li> </ul>
9. Social Programs	<ul style="list-style-type: none"> <li>Social programs for children, families, adults &amp; seniors focusing on promoting health and wellbeing</li> <li>Wellness and mindfulness programs; education on healthy eating, active living, and other health related topics</li> <li>Clients can call 905 476 5621 for more information</li> <li>Full list of programs at <a href="http://www.vaughanchc.com/healthpromotion">www.vaughanchc.com/healthpromotion</a></li> </ul>

**Please note:**

- clients can be referred for more than one service with the same referral form. Please check all services needed
- referrals sent without **mandatory documents** will not be processed and returned to for follow-up
- we will make **3 attempts to contact the client** to schedule the appointment. If attempts are unsuccessful the referral will be closed, and the referring clinician will be informed
- to receive updates about the PACT program, please subscribe at [www.vaughanchc.com/PACT](http://www.vaughanchc.com/PACT)
- PACT -Keswick location. Hours of operation: Monday, Tuesday and Friday from 8:30 am to 4 pm; Wednesday from 8:30 am to 6 pm; and Thursday from 8:30 am to 5:30 pm.