

People Accessing Care Teams (PACT) Vaughan Community Health Centre



Western York Region (WYR) - Vaughan Site
9401 Jane St, Suite 106 and 206, Vaughan
Phone: 905-303-8490 Fax: 905-303-4922

Northern York Region (NYR) - Keswick Site
716 The Queensway South, Keswick
Phone: 905-476-5621 Fax: 905-476-3008

Client Information

Name, DOB, Health Card #, Version Code,
Gender, Address, Phone #

Referring Provider Information

Name, Billing #, Phone #, Fax #, Address

Signature _____ Date: _____

Referred client has private health benefits: YES NO. Language: English French Other (please specify): _____

SERVICES REQUESTED – CHECK ALL THAT APPLIES. Note: incomplete referrals will not be processed

<input type="checkbox"/> Community Dietitian Reason: _____ <input type="checkbox"/> GI issues <input type="checkbox"/> Food intolerance <input type="checkbox"/> Prenatal, Infant and Toddler Nutrition <input type="checkbox"/> Weight, Cholesterol, Hypertension <input type="checkbox"/> Other _____	<input type="checkbox"/> Diabetes Education Program Reason: _____ <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Insulin / GLP1 Start
<input type="checkbox"/> System Navigation and Case Management <input type="checkbox"/> Health Navigation Services and Education <input type="checkbox"/> Connection to community support, financial assistance, or social services <input type="checkbox"/> Connection to settlement or legal services <input type="checkbox"/> Information and Referral to: _____ <input type="checkbox"/> Information about VCHC or community group programs	
<input type="checkbox"/> Physiotherapy (Non-MVA or WSIB). Reason: _____ Time of onset: <input type="checkbox"/> <1mth <input type="checkbox"/> <3mth <input type="checkbox"/> <6mth <input type="checkbox"/> > 1 yr. or <input type="checkbox"/> persistent <input type="checkbox"/> Significant limitation of function (ADLs, work and/or leisure activity performance is affected) <input type="checkbox"/> Post Sx _____ <input type="checkbox"/> Fracture _____ <input type="checkbox"/> Priority population (clients aged 20-64 years or recent/risk of fall) <input type="checkbox"/> Diagnostic imaging results if available (e.g., X Ray, MRI, ultrasound) and Medication list	<input type="checkbox"/> Mental Health (Non-MVA or WSIB). Primary reason for referral: <input type="checkbox"/> Caregiver Stress <input type="checkbox"/> Loss/Grief <input type="checkbox"/> Chronic Pain/Disease <input type="checkbox"/> Self-esteem <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Stress <input type="checkbox"/> Family / Relationship <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Anxiety <input type="checkbox"/> Trauma <input type="checkbox"/> Depression <input type="checkbox"/> ADHD or Autism Spectrum <input type="checkbox"/> Risk of harm. Specify: _____ <input type="checkbox"/> Mental Illness. Specify: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Chiropody – Reason: _____ <input type="checkbox"/> Skin pain and lesion (corns/callus/warts). <input type="checkbox"/> Ingrown/involuted toenails <input type="checkbox"/> Foot/toe pain <input type="checkbox"/> Difficulty with activities of daily living _____ <input type="checkbox"/> Other: (please specify) _____	
<input type="checkbox"/> Lung Health Program <input type="checkbox"/> COPD Self-management education, Pulmonary Rehab <input type="checkbox"/> Smoking Cessation (CAMH - STOP) <input type="checkbox"/> Respiratory Consultation	<input type="checkbox"/> Spirometry <input type="checkbox"/> Authorization to perform Pre and Post Spirometry testing <input type="checkbox"/> Yes <input type="checkbox"/> No with <input type="checkbox"/> Ventolin, as per medical directive

Medical History/ Medication list / Clinical Information (most recent bloodwork, diagnostic images)- or Please Attach

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Description of services offered at Vaughan CHC – Western and Northern York Region PACT Program.

Allied Health Services	Description	
Community Dietitian (up to 6 sessions)	<ul style="list-style-type: none"> • Prenatal (pregnancy), infant, toddler nutrition (failure to thrive, picky eater, low weight gain) • Digestive issues (e.g., reflux, Irritable bowel Syndrome, Inflammatory Bowel Disease, etc.) • Food allergies and intolerances 	<ul style="list-style-type: none"> • Hypertension • High Cholesterol • Weight management, Meal Planning • Prediabetes, “at risk”, type 2 on oral medications at NYR Keswick site
Diabetes Education & Management -	Services provided by Diabetes Educator Nurse and Dietitians for: <ul style="list-style-type: none"> • Adults with Type 2 diabetes • Adults with pre-diabetes • Adults with insulin/non-insulin injections (GLP-1 Agonist) 	
Chiropody (4 sessions only)	<ul style="list-style-type: none"> • Dermatological issues (warts/corns/callus). • Individuals who have issues with activities of daily living, (for e.g., decreased in mobility or cognitive impairment) • Clients with pre-diabetes will be offered to attend a group session to receive foot care education 	Diabetes <ul style="list-style-type: none"> • Peripheral neuropathy needing second tier devices to prevent diabetes related foot complications.
Physiotherapy (Up to 6 sessions)	<ul style="list-style-type: none"> • Personalized therapeutic exercise • Soft tissue and manual therapy techniques • Functional activity and tolerance testing and training 	<ul style="list-style-type: none"> • Prescription, fabrication and application of assistive, adaptive, supportive, and protective devices and equipment
Mental Health (Psychology/Social Work to be triaged) (Psychologist - up to 5 sessions) (Social Worker up to 6 sessions)	<ul style="list-style-type: none"> • Individual counselling, couples counselling and family counselling • Mental health issues including depression and anxiety • Managing emotions • Trauma 	<ul style="list-style-type: none"> • Low self-esteem • Parenting/Family issues • Life stressors • Work/life balance • Isolation
Case Management / System Navigation	<ul style="list-style-type: none"> • Support in navigating various systems - education, legal, housing, and employment 	<ul style="list-style-type: none"> • Referrals to other community organizations and government services • Help with completing applications/forms
Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Program	<ul style="list-style-type: none"> • Respiratory consults to assesses respiratory therapy needs • Smoking Cessation for individuals and in group counselling sessions for clients 19 years of age and above 	<ul style="list-style-type: none"> • Spirometry Tests • Self-management education • Exercise Groups
Spirometry Test	<ul style="list-style-type: none"> • Lung functioning diagnoses for Asthma, COPD, and other conditions that affect breathing 	
Smoking Cessation	<ul style="list-style-type: none"> • Individual and group counselling for individual 19+years of age and above 	
Respiratory Consultation	<ul style="list-style-type: none"> • Registered Respiratory Therapist assesses respiratory therapy needs 	
Group Programs	<p>The health promotion team provides health promotion programs for youth & families, adults, and seniors. Programs are provided in person or virtually through an online video platform. For more information, please visit our website at http://www.vaughanchc.com/health-promotion-group-programs/ or call directly for more information: WYR: 905-303-8490 Ext 3, NYR: 905 476 5621 Ext 2604.</p> <p>Diabetes Prevention & Management Group Programs. Clients can call directly for more information: 905-303-8490 Ext. 2</p> <p>Exercise Education Programs focus on preventing or managing chronic illnesses and are for individuals who are looking to begin exercising or incorporating light activity. Call directly for more information: 905-303-8490 Ext. 2</p> <p>COPD Group Programs focus on self management education to help manage COPD. Call directly for more information: 905-303-8490 Ext. 2</p> <p>For a full list of programs, please visit http://www.vaughanchc.com/programs-services/pact/</p>	

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 for follow-up
- **3 attempts will be made to contact the client** to schedule the appointment. If attempts are unsuccessful the referral will be closed, and the referring clinician will be informed
- For more information on PACT program and other Vaughan CHC services, please visit: www.vaughanchc.com