

Central Zone Application - Specialty LTC Package

Date (yyyy-Mon-dd)			
Receiving Zone Contact		Referring Zone Referring Coordinator	
Office Central Zone Placement Office		Office	
Attention: Specialty LTC Rosehaven		Name	
Phone 403-314-6112	Fax 1-888-825-7404	Phone	Fax
Email Centralzone.placementoffice@ahs.ca		Email	
Client Information			
Last Name		First Name	Date of Birth (yyyy-Mon-dd)
Permanent Address		Phone	PHN
Current Location: <input type="checkbox"/> At home <input type="checkbox"/> Acute Care		Site	Unit
<input type="checkbox"/> DLO Home			
Person to Contact for Placement Offers			
Last Name		First Name	Phone 1
Mailing Address		Phone 2	
Relationship			
The following information is required with the application			
Daily Care Plan	RAI-HC or RAI-LTC <i>(updated to reflect current function)</i>	Medication Profile	
Medical	Mental Health Assessments <i>(latest consultations and treatments)</i>	Behavioural Care Plan	
Goals of care	Cognitive Assessments <i>(MMSE or SLUMS)</i>	Diagnostic - Lab Tests <i>(see page 4)</i>	
Presenting Problem			

Medical Status

Medical Diagnosis:

Psychiatric Diagnosis:

Allergies and Sensitives

Reason for Referral (Describe **the 3 most Problematic Behaviours** (include Severity and frequency))

Problematic Behaviour #1

Interventions Attempted including medications:

Outcome of Interventions:

Problematic Behaviour #2

Interventions Attempted including medications:

Outcome of Interventions

Problematic Behaviour #3

Interventions Attempted including medications:

Outcome of Interventions:

Other relevant information:

Client's Physician aware and in agreement with referral

Initial

Date

Guardian/Agent/Client aware of and in agreement

Initial

Date

Guardian/Agent/Client aware that treatment in the Specialty LTC - Rosehaven may extend beyond the original short stay timeline should additional intervention and evaluation be identified by the treatment team.

Initial

Date

The following **MUST** be included:

Most recent lab reports (done within the last 3 months)

Urinalysis

CBC/Lytes

BUN & Creatine

AST,ALT and ALK Phos,TSH

B12 and Folate

Most recent Chest X-Ray (within last 6months)

CT Scan Reports (if applicable)

ECG with interpretation (within last 3 months)