

HURONIA REGIONAL CENTRE, ORILLIA

623 of 672

CHECKLIST FOR PLACEMENT IN COMMUNITY RESIDENCE

NAME

C.B. NUMBER

DISCHARGE TO: Christian Horizons

DATE OF DISCHARGE: October 22
~~August 22~~ 1997

DOCUMENTS REQUIRED AT TIME OF INITIAL APPLICATION FOR PLACEMENT: **

(According to FIPPA - Reports from Psychiatric Facilities may not be copied and references to personal information of individuals other than client must be severed.)

- Latest Psychology Report/Behaviour Profile/Protocol
- Latest Day Program Reports
- Latest Eye Clinic Report
- Latest Speech/Audiology Report July 197
- Latest Kinesiology/Recreation/Other Support Program Reports
- Spiritual and Religious Care Report July 23 197
- Other Reports (according to current relevance)
- Latest Resident Review (including BLS Assessment & Coding Sheet)
- Latest Annual Medical Assessment & Update
- Latest Annual Nursing Assessment
- Memo re precautions for carriers of infectious disease (M.O.H. Risk Assessment)
- Social Worker's Referral Summary or other profile, as applicable

AFTER CONFIRMATION OF PLACEMENT AND WELL BEFORE DISCHARGE DATE

- F.B.A. Form 4 to be completed by Physician) forward completed forms to
- F.B.A. Form 11 to be completed by Social Worker) Central Records with copies
- Notice of Continuance or Cancellation) of designated documents

DOCUMENTS REQUIRED TO ACCOMPANY RESIDENT ON DATE OF DISCHARGE

- Individual Resident Report (computer profile)
- Immunization Record
- Dental Card
- Health Card
- Birth Certificate
- Social Insurance Card
- Clothing List
- Current Medication Profile
- Current Consultation Reports - FOLLOW-UP UNDERLINED IN RED
- Current Physical & Lab Reports (within 1 month prior to discharge) Aug. 197 (5 labs)
- Copy of Cautions & related correspondence, i.e., re prearranged funeral
- MEDICAL PROBLEM LIST & TREATMENT PLAN
On Day of Discharge or as soon as possible
- Final Medical Summary
- Social Worker's Placement Summary
(other detailed medical reports sent directly to community physician, if known, at time of separation or later if/when requested.)

DATE: Oct 17/97 RESIDENT RECORD CLERK

**Before documents are sent, there should be on file, a letter indicating consent from the parents or a release of information form signed by the resident or next-of-kin.

CHECKLIST FOR PLACEMENT IN COMMUNITY RESIDENCE

NAME [REDACTED] C.B. NUMBER [REDACTED]

DISCHARGE TO: York

DATE OF DISCHARGE: _____

DOCUMENTS REQUIRED AT TIME OF INITIAL APPLICATION FOR PLACEMENT: **

(According to FIPPA – Reports from Psychiatric Facilities may not be copied and references to personal information of individuals other than client must be severed.)

- A CL5
- NIA Latest Psychology Report/Behaviour Profile/Protocol
- A Latest Day Program Reports Nov 1994
- A Latest Eye Clinic Report June 1996
- A Latest Speech/Audiology Report July 1997
- NIA Latest Kinesiology/Recreation/Other Support Program Reports
- A Spiritual and Religious Care Report July 1997
- Other Reports (according to current relevance)
- A Latest Resident Review (including BLS Assessment & Coding Sheet) Jan 1996
- A Latest Annual Medical Assessment & Update Apr. 1997
- A Latest Annual Nursing Assessment Feb 1997
- NIA Memo re precautions for carriers of infectious disease (M.O.H. Risk Assessment)
- Social Worker's Referral Summary or other profile, as applicable

AFTER CONFIRMATION OF PLACEMENT AND WELL BEFORE DISCHARGE DATE

- F.B.A. Form 4 to be completed by Physician) forward completed forms to
- F.B.A. Form 11 to be completed by Social Worker) Central Records with copies
- Notice of Continuance or Cancellation) of designated documents

DOCUMENTS REQUIRED TO ACCOMPANY RESIDENT ON DATE OF DISCHARGE

- Individual Resident Report (computer profile)
- Immunization Record
- Dental Card
- Health Card
- Birth Certificate
- Social Insurance Card
- Clothing List
- Current Medication Profile
- Current Consultation Reports – FOLLOW-UP UNDERLINED IN RED
- Current Physical & Lab Reports (within 1 month prior to discharge)
- Copy of Cautions & related correspondence, i.e., re prearranged funeral
- MEDICAL PROBLEM LIST & TREATMENT PLAN

On Day of Discharge or as soon as possible

- Final Medical Summary
- Social Worker's Placement Summary
- (other detailed medical reports sent directly to community physician, if known, at time of separation or later if/when requested.)

DATE: Aug 19/97 RESIDENT RECORD CLERK [REDACTED]

**Before documents are sent, there should be on file, a letter indicating consent from the parents or a release of information form signed by the resident or next-of-kin.

CHECKLIST FOR PLACEMENT IN COMMUNITY RESIDENCE

NAME [redacted] C.B. NUMBER [redacted]

DISCHARGE TO: Referral Georgina

DATE OF DISCHARGE: _____

DOCUMENTS REQUIRED AT TIME OF INITIAL APPLICATION FOR PLACEMENT: **

(According to FIPPA – Reports from Psychiatric Facilities may not be copied and references to personal information of individuals other than client must be severed.)

- A. C.S.*
- M.P.* Latest Psychology Report/Behaviour Profile/Protocol
- 17* Latest Day Program Reports *Nov 194*
- 17* Latest Eye Clinic Report *Aug 196*
- 17* Latest Speech/Audiology Report *July 187*
- Latest Kinesiology/Recreation/Other Support Program Reports
- Spiritual and Religious Care Report
- Other Reports (according to current relevance)
- 17* Latest Resident Review (including BLS Assessment & Coding Sheet) *Jan 196*
- 17* Latest Annual Medical Assessment & Update *Sept 195*
- 17* Latest Annual Nursing Assessment *Feb 197*
- Memo re precautions for carriers of infectious disease (M.O.H. Risk Assessment)
- Social Worker's Referral Summary or other profile, as applicable

AFTER CONFIRMATION OF PLACEMENT AND WELL BEFORE DISCHARGE DATE

- F.B.A. Form 4 to be completed by Physician) forward completed forms to
- F.B.A. Form 11 to be completed by Social Worker) Central Records with copies
- Notice of Continuance or Cancellation) of designated documents

DOCUMENTS REQUIRED TO ACCOMPANY RESIDENT ON DATE OF DISCHARGE

- Individual Resident Report (computer profile)
- Immunization Record
- Dental Card
- Health Card
- Birth Certificate
- Social Insurance Card
- Clothing List
- Current Medication Profile
- Current Consultation Reports – FOLLOW-UP UNDERLINED IN RED
- Current Physical & Lab Reports (within 1 month prior to discharge)
- Copy of Cautions & related correspondence, i.e., re prearranged funeral
- MEDICAL PROBLEM LIST & TREATMENT PLAN**

On Day of Discharge or as soon as possible

- Final Medical Summary
- Social Worker's Placement Summary
- (other detailed medical reports sent directly to community physician, if known, at time of separation or later if/when requested.)

DATE: May 197 RESIDENT RECORD CLERK [redacted]

**Before documents are sent, there should be on file, a letter indicating consent from the parents or a release of information form signed by the resident or next-of-kin.