WINDSOR TEAM CARE CENTRE (WTCC) REFERRAL FORM



Complete first page of referral form only

2475 McDougall St, Suite 150, Windsor, ON N8X 3N9 Phone: 519-250-5656 Fax: 519-250-3894 www.windsorfht.ca

Our Mandate: Provide multidisciplinary care in collaboration with Primary Care Providers in Windsor-Essex for patients with chronic conditions, mild to moderate mental health, and addictions through team-based allied health.

Patient Information			Date of Referral:			
Name: (First,			Address:			
Last)						
Date of Birth:			OHIP #:			
Phone: (H) (M)			Email:			
Language:	English	Sex:	□ Male	Gender I	dentity:	
	French		Female			
	□ Other:		□ Decline			
Patient provided verbal consent to participate in Team			Patient provided verbal consent for Team Care to leave a			
Care? □ Yes □ No			confidential voicemail?			

Please review service descriptions, <u>inclusion and exclusion criteria</u> on page 2 or at <u>www.windsortcc.ca</u>. Individuals should exhaust all third-party healthcare insurance prior to referral.

Services Requested (Service descriptions and criteria are explained on page #2) Please identify requested services by checking the boxes below for WTCC programs.						
Addiction Counselling	Reason for Referral/Notes:					
Dietitian/Nutrition Counselling						
Foot Care						
Lung Health (including Pre/Post Spirometry)						
Memory Clinic						
Mental Health Care						
Musculoskeletal (MSK) Health						
Oral Health Education Program						
Pharmacy/Medication Reconciliation						
Requested Documentation/Attachments						
Patient Medical Profile (all referrals)						
• Recent Imaging (MSK Health)						
• Primary psychiatric diagnosis & co-morbidities, including addictions & pain disorders (Mental Health Care) D N/A						
• Psychiatry consultation notes (Mental Health Care)	□ N/A					
Provider Stamp:						
The Windsor Team Care Centre is a pro	ogram of the Windsor Family Health Team					

and funded by the Ministry of Health.

WTCC Program Descriptions

Mental Health & Addictions Care

For individuals age 16+ with mild to moderate mental health conditions, substance use and/or harmful addictive behaviours. Includes assessment & diagnosis, treatment recommendations, medication management & follow up, and counselling/psychotherapy.

Exclusion Criteria: active mania or psychosis, schizophrenia, active eating disorders, receiving care from a psychiatrist/CMHA/ACT Team, dual diagnosis (intellectual disability/severe Autism Spectrum Disorder), or related to a WSIB claim.

dical Management Counse	elling/Psychotherapy A	Addiction Counselling		
 In-depth mental health assessments, short-term medication management, treatment recommendations and/or establishment of a plan of care. Individuals are followed, monitored and supported throughout their time with WTCC (maximum of 1 year). Grou need Grou need Provided by Nurse Practitioners and consulting Psychiatrist. Provi 	dual counselling using multi- l approach including CBT, DBT, ion Focused Therapy, Narrative apy, Mindful Based practice and s reduction (based on client	Individual counselling for substance use, problematic gambling, and/or harmful addictive behaviours.		

Allied Health

Health and psychosocial support with a focus on wholistic care for mental health and addictions, complex chronic conditions, and preventative care. Open to all ages (except were indicated).

 Dietitian/Nutrition Counselling Education and counselling to individuals with: diabetes, gastrointestinal issues, weight management for a BMI greater than 30, and other chronic conditions. Provided by Registered Dietitians. For individuals without private coverage. 	 Foot Care Diabetic foot assessments, treatment for current problems and preventative care for foot health. Education to patients on how to properly care for their feet. Provided in collaboration with Windsor Essex Community Health Centre (weCHC) by a Foot Care Nurse. For individuals without private coverage. 	 Lung Health Respiratory assessments and spirometry testing (pre/post), COPD and Asthma education. STOP smoking cessation program (includes 26-weeks of free nicotine replacement and supportive counselling). Provided by a Registered Respiratory Therapist in collaboration with the Asthma Research Group Inc. 	
 Memory Clinic Inter-disciplinary team assessment of memory function, with recommendations for labs and diagnostics, treatment, and driver safety. Education/comprehensive support to patients and caregivers for high quality dementia care and medication management. Individuals over 55 years of age with new onset memory and/or cognition issues not related to an Acquired Brain Injury (ABI) or a psychiatric diagnosis. 	 Musculoskeletal (MSK) Health Support for managing chronic pain, neurological disorders, chronic diseases, mental health conditions and weight management. Provides musculoskeletal assessments; postural evaluation and education; fitness and activation for weight loss and low mood; exercise prescription with a focus on self- efficacy; manual therapy; and gait assessment and re-training. Excludes acute injury or post-surgical rehabilitation. For individuals without private coverage or WSIB/MVA claim. 	 Oral Health Education Program Oral health assessment including oral cancer screening, visual assessment of teeth and gums, and cavity risk check. Preventative treatments as needed for cavities, arresting progression of already formed cavities, and hypersensitive teeth. Oral health education on various topics based on client need. Connections to community referrals are provided. For individuals without private coverage. 	
 Pharmacy/Medication Reconciliation Medication reconciliation for patients with multiple conditions and/or under specialist care. Identifies and resolves drug-therapy problems, including polypharmacy, non-adherence, and drug-drug and drug-substance interactions. 	 Referral to the WTCC will involve: Confirmation of eligibility based on individual program criteria and prior program participation. Intake/assessment which may identify and match patients to allied professional care based on their health & psychosocial needs. Prioritization based on chronic and complex needs. Provision of consultation notes to PCPs with confirmation of services provided, assessment findings and recommendations. Navigation supports and suggested referrals to other health and social services. 		

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