



**Referral Form for Baycrest Long-Term
Care Behavioural Support
Outreach Team (BSOT)**
Fax Referral to 647-788-4883

Referral Date (dd/mm/yyyy) : _____

LTC-BSOT Client information

Name (last, first): _____ Sex: ☐ M ☐ F D.O.B (dd/mm/yyyy): _____
Age: _____ Health Card #: _____ VC: _____ Language: _____
Culture: _____
Name of SDM/POA: _____ Relationship: _____ Contact Phone#: _____
Name of LTC: _____ Unit: _____
Family physician: _____ Billing #: _____

LTC-BSOT Referral Information

Is this a re-referral? ☐ Yes ☐ No Admission date to LTC facility (dd/mm/yyyy): _____
Referral Source Name/Contact: _____ Phone #: _____ Fax#: _____

Dementia diagnosis (Alzheimer's, FTD, Vascular, Mixed, Unspecified, Lewy Body, Korsakoff, other): ☐ Yes ☐ No

Additional medical diagnosis: _____

Psychiatric History: _____

Immediate concern for referral: _____

Behavioural issues identified related to concern for referral (please check off the relevant issues):

- | | |
|--|--|
| <input type="checkbox"/> Repeating sentences/questions | <input type="checkbox"/> Hitting, scratching, injuring self |
| <input type="checkbox"/> Shouting, threatening, cursing others | <input type="checkbox"/> Calling out, crying |
| <input type="checkbox"/> Destroying property | <input type="checkbox"/> Disrobing, exposing self |
| <input type="checkbox"/> Hitting, kicking, spitting, punching, scratching, biting others | <input type="checkbox"/> Fidgeting, picking, repeating action |
| <input type="checkbox"/> Rude, critical, insulting, complaining | <input type="checkbox"/> Refusing/resistive to care; bathing, changing |
| <input type="checkbox"/> Unwanted sexual touching/inviting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wandering, aimless pacing | _____ |

Please identify your goal for this referral:

Please provide any other relevant information you would like to share regarding this referral:

Please attach most recent Medication Administration Record as well as a one (1) week of Dementia Observational System (DOS) chart.