



Ageing and Disability Services

Case Management Referral Form

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy. Ageing and Disability Services provides case management services to the following persons:

- Seniors (persons over age 65yrs); and
- Adults with physical and/or cognitive disabilities

This form is to be completed by community and KEMH based medical practitioners and social workers or other community agencies that provide support services to clients. This form facilitates the ADS case management process, therefore provide as much relevant information as possible.

Part A: Information about the Client

Name: _____ **Date Of Birth:** _____
dd/mm/yyyy

Address:

Telephone: (w) _____ (h) _____ **Email:** _____

Next of Kin (if known):

Address:

Telephone: (w) _____ (h) _____ **Email:** _____

Other relevant persons- to be contacted regarding this referral:

<u>Name and relationship to client</u>	<u>Phone /Email/ other</u>
_____	_____
_____	_____
_____	_____

Part B: Reason for Referral check the box(es) that apply:

1. **Explanation of client's needs:** provide details e.g. mental capacity, medical requirements, family support etc.

2. **Is the Client aware of this referral?** Yes No If no, state why. Also provide any known preferences expressed by the client.

Part C: Referee Information

Name of Referee: _____

Agency (if any): _____

Relationship to client (if any): _____

Tel # : _____

E-Mail : _____

Date of Referral: _____

Signature: _____

Submit this form to: ads@gov.bm; Fax: 292-9125; or
Hand deliver to: ADS, Ministry of Health and Seniors, 25 Church St Hamilton.

For ADS use only:

Date received by Intake:	Intake signature:
Assigned Case Manager:	Date:
Date Received by Case Manager:	Case Number:
<input type="checkbox"/> Reporter received email acknowledging referral	Date: