



Hospital Addressograph

Please FAX completed form to HAL Coordinator  
Fax: 416-743-7654  
Phone: 416-743-3892

**HAL Core Services**

- Personal Support Worker settling-in service
- Personal Support Worker in-home safety assessment
- HAL Coordinator follow-up call to client and referrals to other community services as required

**Patient meets HAL Eligibility Criteria?**

(65+, stable condition, client and/or caregiver able to direct own care, can manage with 1 person transfer, special circumstance)

Yes

No

If no, explain exceptional circumstances:

**Patient or Substitute Decision Maker has given verbal consent to collect, use and disclose information?**

Yes

No

If no, proceed no further.

**Hospital Discharge Information**

**Date:**

**Form Completed By:**

**Phone/Pager#:**

**Title:**

**Source Hospital:**  Brampton Civic  Etobicoke General  Headwaters-Orangeville  
 Headwaters-Shelburne

ED

Inpatient

**Unit/Room#:**

**Discharge Date:**

**Discharge Time:**

**Client Information**

**Name:**

**D.O.B.:**

**Destination Address:**

**Phone#:**

**Language:**  English  Other(s):

**General Medical Condition**

**Allergies (food, medication, other):**

None

**Isolation Precautions:**

None

**Cognitive Status:**

**Main Reason for Hospitalization:**

**Known Conditions:**  Arthritis  Cardiovascular  Diabetes  Infection  Renal  Other:

**Respiratory:**

Requires O2 in the home

Has portable O2 tank with them

**Mobility:**  Independent  Unable to climb stairs  Requires wheelchair  Requires mobility aid:

Family or Caregiver Contact Information (if applicable)		
<b>Name:</b>	<b>Phone#:</b>	<b>Relationship:</b>
<b>Lives with Patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Contacted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

Environmental Factors		
<b>Lives Alone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, describe:
<b>Pets?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
<b>Stairs at entrance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
<b>Clear access to home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
<b>Smoker?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments:</b>

Checklist		
HAL Optional Services Requested	Comments	
<b>Transportation Home</b> <i>Including senior caregiver?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Requires an accessible vehicle?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medication Pick Up</b> <i>Prescription Provided to Patient?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Prescription Forwarded to Pharmacy?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medical Supplies Pick Up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grocery Pick Up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Same Day Meal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Diet:
Patient Items		
Keys Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Clothing/Shoes Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Money Available for Pick Up Items Listed Above? <input type="checkbox"/> Yes <input type="checkbox"/> No
CCAC Client Information		
<b>Pre-admission CCAC Client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager Name:	
<b>New CCAC Client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information		
Please provide any additional information that would help the <i>Home at Last</i> worker settle in the patient.		
<b>Was this patient's discharge date moved up due to the availability of Home at Last?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by how many days or hours?
<b>How did you hear about HAL?</b> <input type="checkbox"/> Poster <input type="checkbox"/> Flyer/brochure <input type="checkbox"/> Patient/Caregiver Requested <input type="checkbox"/> Education Sessions <input type="checkbox"/> Hospital/CCAC Website <input type="checkbox"/> Other:		