



DEEP RIVER &
DISTRICT HEALTH
Campfire Program

Deep River & District Hospital
Four Seasons Lodge Long-Term Care Home
North Renfrew Family Health Team

Community Access to Long- Term Care (CALTC) Campfire Program Referral

Contact Information

Client Name: _____

Client Date of Birth (YYYY/MM/DD): _____

Telephone Number: _____

Person completing the referral: Select

If other, please provide the name, phone number and relationship to the client below:

Name: _____ Relationship to client: _____

Phone number: (____) _____

Client Information

Preferred language: Select

Other: _____

Living situation: Select

Other: _____

Does the client identify as First Nation, Inuit or Metis: Select

Does the client require transportation to attend the program? Select

Referral Information

What services would the client like to receive from the DRDH Campfire Program?

Select all that apply:

☐ Nursing support	☐ Medication support	☐ Foot/Nail Care (with a fee)
☐ Blood pressure monitoring	☐ Dementia care/ support	☐ Recreation/social programming
☐ Wound care	☐ Physiotherapy / mobility support	☐ Personal care / bathing
☐ Diabetes management	☐ Social work	☐ Caregiver support / respite
☐ Continence care	☐ Recreation / social programming	☐ Other: _____



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Client Concerns or Indications:

Select all that apply:

☐ Memory loss or new cognitive impairment	☐ Changes in behaviour / personality	☐ Multiple ED visits or hospitalizations
☐ Complex medical problems	☐ Caregiver stress / fatigue	☐ Medication concerns or polypharmacy
☐ Recurrent falls or new mobility impairment	☐ Lives alone / limited social support	☐ Other: _____
☐ Functional decline	☐ Unintended weight loss / nutritional concerns	
☐ Depression or anxiety	☐ Incontinence	
☐ Hallucinations / delusions		

Community Agencies currently involved in the client's care (if applicable):

Select all that apply:

☐ Home & Community Care	☐ Community Paramedicine
☐ Dementia Society	☐ Geriatric Mental Health Services
☐ Canadian Mental Health Association	☐ Other: _____
	☐ Not Applicable

Any other relevant client information if not captured above:

Date Referral Completed: _____

Signature: _____

Please send completed form to communityintake@drdh.org

Thank you for your interest in the Community Access to Long-Term Care Campfire Program at Deep River and District Health. A team member will connect with you to assess eligibility for the program and discuss next steps. We look forward to speaking with you!

Privacy Notice: The sender is responsible for ensuring that personal health information included with this referral is shared appropriately and securely in accordance with PHIPA and other applicable privacy and confidentiality requirements.