

**Saskatchewan First Nations Home and Community Care**  
Intake/Registration

**A. This section to be completed for any Home and Community Care Request**

Date of Referral \_\_\_\_\_ Time \_\_\_\_\_ Recorded by \_\_\_\_\_  
 Client \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Treaty # \_\_\_\_\_  
 Gender M \_\_\_ F \_\_\_ Marital Status: S \_\_\_ M \_\_\_ CL \_\_\_ D \_\_\_ W \_\_\_ HSN \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Directions to Home \_\_\_\_\_  
 Referral Source \_\_\_\_\_ Phone # \_\_\_\_\_  
 Reason for Referral \_\_\_\_\_

How soon is service required? \_\_\_\_\_

Is Client aware of referral? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

**B. This section to be completed by the Home and Community Care Nurse / Assessor**

Primary Reason for Care \_\_\_\_\_ Additional Reason for Care \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Specialist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Next of Kin \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
 Allergies \_\_\_\_\_

Screening Decision (Circle): Decline Refer Proceed Enquiry only

Comments:

\_\_\_\_\_

\_\_\_\_\_

**C. Admission - to be completed by the Home and Community Care Nurse / Assessor**

**Client Type**

- Acute
- End-of-Life
- Rehabilitation
- Long-Term Supportive
- Maintenance
- Other \_\_\_\_\_

**Category of Service**

- Assisted Living
- Nursing Services
- Personal Care
- Professional Therapies
- Case Management
- In Home Respite

**Type of Admission**

- Saskatchewan First Nations Home & Community Care Assessment Booklet
- Nursing Data Base form

Comments:

\_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Contact with HCC RN after Referral: Date \_\_\_\_\_ Time \_\_\_\_\_

Assessment Completed: Date \_\_\_\_\_ Time \_\_\_\_\_

Equipment ordered: Yes \_\_\_ No \_\_\_ Client Care Plan/Task List: Yes \_\_\_ No \_\_\_

Home and Community Care Nurse/Assessor \_\_\_\_\_ Date \_\_\_\_\_