BURNABY Primary Care Networks

Patient Referral to Burnaby Primary Care Networks (PCN) Services

Please complete first and/or second page and fax to Burnaby PCN Central Intake: **604-398-8257**

For patients attached to Burnaby FPs/NPs

SERVICES OFFERED:
Page 1: Clinical Pharmacist Services, B Well Health Coaching, Dietitian Services, Physiotherapy, Foot Care Nurse Services
Page 2: Social Work, Mental Health Counselling, Child & Youth Mental Health Counselling, Occupational Therapy

REFERRING FP/NP DETAILS

Referral Date (dd/mmm/yyyy):

Is the referred patient attached to your patient panel? ☐ Yes ☐ No — If No, the Burnaby FP/NP is:

Referring FP/NP Name: — Referring FP/NP MSP#:

Clinic Name: — Clinic Address:

Office Phone Number: — Office Fax Number:

PATIENT REFERRAL DETAILS

Last Name: — First Name: — Middle Name:

DOB (dd/mmm/yyyy): — PHN: — Gender: ☐ M ☐ F ☐ Other:

Preferred Phone Number: — Pronouns Patient Identifies With:

Secondary Phone Number: — Email Address:

Patient Address: — City: — Postal Code:

Does the patient require services in another language? ☐ Yes ☐ No — Language:

Does the patient identify themselves as First Nations or Indigenous? ☐ Yes ☐ No — If yes, does the person identify as status? ☐ Yes ☐ No

Select PCN Service(s) and Reason(s) for referral. See Page 3–4 for additional referral guidance.

☐ CLINICAL PHARMACIST SERVICES

MILD TO COMPLEX NEEDS

- Age: 19+
- Out of scope: home visits, drug administration, patients in LTC facilities covered by Pharmacare Plan B

Please outline primary reason(s) for referral in the space below:

**Please provide additional context/meds of concern below.*

☐ B WELL HEALTH COACHING

AT-RISK/EARLY CHRONIC DISEASE

- Age: 19+
- Will benefit from lifestyle changes
- Out of scope: Mental or physical health concerns in need of targeted intervention first

Reason(s) for referral:

- ☐ Obesity/Overweight
- ☐ Pre-diabetes
- ☐ Diabetes
- ☐ Hypertension
- ☐ High cholesterol
- ☐ Risk for cardiovascular disease
- ☐ Sedentary lifestyle
- ☐ Other:

Most recent blood pressure reading:
Date taken:
Height:
Most recent weight:
☐ lbs ☐ kg
Date taken:

☐ DIETITIAN SERVICES

MILD TO MODERATE NEEDS

- Age: 19+
- Non-urgent, short-term medical nutrition therapy (1-5 sessions)
- Disease prevention or management for which another program does not exist (out of scope: diabetes, advanced cardiac/renal, eating disorders)

Reason(s) for referral:

- ☐ Weight care & support (unintentional wt loss/gain/cycling, poor oral intake, food insecure/justice issues)
- ☐ Chronic disease/co-morbidity support (e.g. early stage CVD)
- ☐ Gastro-intestinal needs (e.g. Celiac, IBS, IBD, unresolved GERD/food intolerances/diverticulosis)
- ☐ Maternal health (e.g. prenatal and/or postpartum nutrition)
- ☐ Prelim support for disordered eating patterns (e.g. pt does not qualify for eating disorder programs)
- ☐ Other:

☐ PHYSIOTHERAPY

MILD TO MODERATE NEEDS

- Age: 19+
- 1-6 visits within 3 months
- Suspected mild to moderate MSK condition or injury, or mobility concern
- **Cannot access services through other means (e.g. private pay, extended health benefits, Home Health, WSBC, ICBC)**
- Out of scope: home visits, pelvic floor physiotherapy, modalities (e.g. electrotherapy, needling, or ultrasound)

Reason(s) for referral:

- ☐ MSK condition or injury (please describe):
- ☐ Connect to community resources as related to MSK management
- ☐ Fall prevention
- ☐ Gait aid
- ☐ Mobility concern (please describe):

**Please provide relevant medical hx/conditions below.*

☐ FOOT CARE NURSE SERVICES

MILD TO MODERATE NEEDS

- Age: 19+
- Does not have physical capacity to provide self-care for their feet
- Could benefit from **short-term** intervention
- **Cannot afford private or community options** (e.g. esthetician, community foot care clinics, in-home foot care nurse services)
- Out of scope: home visits, ingrown toenails, lesions with active infection

Reason(s) for referral:

- ☐ Corns
- ☐ Lengthy nails
- ☐ Thickened nails
- ☐ Fungal nails
- ☐ Callous removal
- ☐ Educational support relating to foot care (e.g. bunions)
- ☐ Pre-diabetes/diabetes related foot care

**Please provide additional context below.*

Additional details related to referral (please indicate and attach relevant medical history and current medications):

☐ Labs/other tests ☐ Pertinent medical notes ☐ Current medications list # of pages attached:

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Select PCN Service(s) and Reason(s) for referral. See Page 3-4 for additional referral guidance.

☐ SOCIAL WORK

MILD TO MODERATE NEEDS

- All ages
- Short-term support, interventions, and connection to community services
- **Not already connected to social worker, case manager, or community health nurse through other community teams (e.g. MHSU, Home Health, ABI, CLBC)**

Reason(s) for referral:

☐ Connection to supports for abuse, neglect or self-neglect
☐ Unsafe environments
☐ Financial hardship
☐ Housing support
☐ Stress/bereavement
☐ Difficulty navigating systems
☐ Health care planning inquiries
☐ Social isolation/lack of support
☐ Other:

**Please attach medical history if related to referring reasons (e.g., PWD)*

☐ MENTAL HEALTH COUNSELLING

MILD TO MODERATE NEEDS

- Age: 19+
- Brief intervention
- Suspected mild to moderate mental health and/or substance use condition
- **Cannot access services through other means (e.g. private pay, extended health benefits, WSBC, ICBC, school/university)**

Reason(s) for referral:

☐ Depression ☐ Anxiety
☐ Substance use
☐ Psychosocial issues
☐ Trauma ☐ Suicidal ideation
☐ Postpartum
☐ History of aggressive behaviour
☐ Other:

*PHQ-9 Score:
*GAD-7 Score:
*CAGE-AID Score:
**Please attach PHQ-9, GAD-7, CAGE-AID forms, if available.*

☐ CHILD & YOUTH MENTAL HEALTH COUNSELLING

MILD TO MODERATE NEEDS

- Age: 10 – 24yrs
- Not already connected to other community resources
- **Cannot access services through other means (e.g. private pay, extended health benefits, WSBC, ICBC, school/university)**

Reason(s) for referral:

☐ Depression ☐ Anxiety
☐ Stigma ☐ Substance use
☐ Psychosocial issues (e.g. bullying, body image, family stressors, immigration, school adjustment):
☐ Gender and sexuality exploration
☐ Behavioural issues
☐ Parenting/family support and education
☐ Gaming/gambling

*PHQ-9 Score:
*GAD-7 Score:
*CAGE-AID Score:
**Please attach PHQ-9, GAD-7, CAGE-AID forms, if available.*

☐ OCCUPATIONAL THERAPY

MILD TO MODERATE NEEDS

- Age: 17+
- Brief intervention
- **Cannot access services through other means (e.g. private pay, extended health benefits, WSBC, ICBC, Health Authority community services)**

Reason(s) for referral:

☐ Quality of life support (self-management strategies and lifestyle modifications for ADL and IADLs)
☐ Return to optimal function post injury or health event (home safety, fall prevention, ergonomics)
☐ Memory and behavioral strategies for change in cognitive function (under 65)

Clinical factors impacting function (MSK, chronic conditions, mental health, substance use, other):

Additional details related to referral (please indicate and attach relevant medical history and current medications):

☐ Labs/other tests ☐ Pertinent medical notes ☐ Current medications list # of pages attached:

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BURNABY Primary Care Networks

Detailed Referral Guidance

BURNABY PCN ACCEPTS REFERRALS FROM BURNABY FPS/NPS FOR THEIR ATTACHED PATIENTS

- Patient must be attached to FP/NP*
- FP/NP must refer eligible patients attached to their **Burnaby** practice patient panel
- We do not offer home visits (with exception of SW and OT, when confirmed)

*Unattached patients can be referred to an Urgent and Primary Care Centre for Social Work and Mild to Moderate Mental Health Counselling Services

CLINICAL PHARMACIST SERVICES

MILD TO COMPLEX NEEDS

- Comprehensive medication management services focused on the ongoing care of adult patients with complex conditions to prevent and resolve medication-related concerns (e.g. polypharmacy; complex medication tapering/titration; drug interactions)
- Education to patients about their medications and uncover/address barriers to adherence

Out of scope:

- Dispensing medications; Patients in LTC facilities covered by Pharmacare Plan B; Home Visits

B WELL HEALTH COACHING

AT-RISK/EARLY CHRONIC DISEASE

- Offers **lifestyle and behavioural health coaching** using evidence-based approaches to support adults in making small, manageable, and self-directed steps to improve **mental and physical wellbeing** and reduce onset or progression of **chronic disease**
- Core Service is ~6-9 months, followed by maintenance check-ins and monthly email communications for up to an additional 12 months

Out of scope:

- Mental health concerns in need of targeted intervention first (e.g. personality disorder, moderate/severe depression)
- Physical health concerns in need of targeted intervention first (e.g. chronic pain — please refer to pain clinics and self-help pain resources (PainBC); **For BMIs over 45, please direct your referral to the Burnaby PCN Dietitian for targeted treatment.** An Intra-PCN referral to B Well can be completed by PCN Dietitian once targeted treatment is complete.)

DIETITIAN SERVICES

MILD TO MODERATE NEEDS

- Offers comprehensive nutritional assessment; Culturally-informed medical nutrition therapies (MNT); Education; Connection to community supports/resources
- Dosage: 1-5 sessions per client (over the course of ~3-6 months); 30-60 minute sessions
- Collaborate with PCN SW, MH for holistic support and B Well for ongoing lifestyle & behavioural change support

Out of scope:

- Already attached to (or patient has access to) dietitian services such as private, community, Home Health, outpatient, diabetes or renal services
- Complex conditions requiring stabilization & long-term follow-up (e.g. new tube feeds, post-op GI surgeries, advanced kidney disease, eating disorders)

PHYSIOTHERAPY

MILD TO MODERATE NEEDS

- In-person and virtual, individualized services for adults 19+ with mild to moderate MSK conditions or injuries or mobility concerns requiring assessment and brief intervention (1-6 sessions within 3 months)

Out of scope:

- Patient has access to PT through other means (e.g. private pay, extended health benefits, WSBC, ICBC)
- Home visits, Home Health PT patients
- Modalities (e.g. electrotherapy, needling, or ultrasound)
- Complex conditions requiring targeted or more intensive interventions (e.g. CVA rehab, ABI rehab, pelvic floor physiotherapy)

DETAILED REFERRAL GUIDANCE CONTINUES ON PAGE 4

REFERRAL NEXT STEPS: A Burnaby PCN Clinician will connect with the patient and **may** share the treatment plan with the referring FP/NP after their first visit together. Ongoing communications related to patient care can be directed to the PCN Clinician. Chart notes for all Burnaby PCN services, with the exception of Clinical Pharmacist Services, can be found on CareConnect under "Community Documents." The PCN Clinician will send a transition letter once service is complete.

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DETAILED REFERRAL GUIDANCE FOR BURNABY PCN SERVICES —CONTINUED

FOOT CARE NURSE SERVICES

MILD TO MODERATE NEEDS

- Conducts thorough foot assessments, footwear review, mobility review, assessment of nails, skin, and circulation
- Provides medical pedicures (trimming, filing and cleaning of toenails, thinning of thickened toenails), basic wound care, foot care education
- Acts as connector to specialists, community supports, resources

Out of scope:

- Can afford private or community options (e.g. esthetician, community foot care clinics, private in-home foot care nurses)
- Home visits
- Ingrown toenails, lesions with active infection (for active infection, please treat infection first)

SOCIAL WORK

MILD TO MODERATE NEEDS

- Supports clients with Mild to Moderate need to offer short-term support, interventions and linkage to services in the community

Out of scope:

- Already connected to social worker, case manager, or community health nurse through other community teams (e.g., MHSU, Home Health, ABI, CLBC)
- Patient referred solely for mental health concerns (redirect to PCN MH or MHSU)
- Urgent or emergent needs

MENTAL HEALTH COUNSELLING

MILD TO MODERATE NEEDS

- For adults 19+ with mild to moderate mental health or substance use needs, requiring brief intervention (~6 sessions)

Out of scope:

- Patient is at imminent risk of harm to self/others
- Moderate to severe mental health needs (redirect to MHSU)
- Patient has access to counselling services through other means (e.g. private pay, extended health benefits, WSBC, ICBC, school/university)

CHILD & YOUTH MENTAL HEALTH COUNSELLING

MILD TO MODERATE NEEDS

- Suggested case conference with PCN Child and Youth Mental Health Clinician and the referring provider
- **For youth 10-24yrs**, offering a variety of services including counselling, coping skills, system navigation and resource linking for mild to moderate Mental Health needs among young people (6-10 sessions)
- "Family Centred Approach" whereby parents/caregivers can join sessions (with consideration to child/youth age, comfort, preference)

Out of scope:

- Patient is at imminent risk of harm to self/others
- Patient has access to services through private options

OCCUPATIONAL THERAPY

MILD TO MODERATE NEEDS

- Provides comprehensive functional assessment and recommendations for engaging in meaningful life roles following a decline in physical, cognitive, or emotional wellbeing
- Frequency: 1-6 sessions per client (over the course of ~3-6 months); 30-60 minute sessions

Out of scope:

- Patient has access to OT through other means (e.g. private pay, extended health benefits, WorkSafeBC, ICBC)
- Complex conditions requiring targeted or more intensive interventions
- Needs are best represented by another program offering OT services:
  - E.g. Home Health, Mental Health & Substance Use, Palliative Care, Stroke Clinic, ABIS and Concussion Clinics, Specialized Seniors Clinic (65+), Chronic Pain Clinic (JPOC, Change Pain)
  - For Home Health /home-bound patients – please request OT from Home Health Service Line (1-855-412-2121)
- Note: OTs do not offer standalone cognitive assessments – however, their functional assessments may include cognitive assessments

REFERRAL NEXT STEPS: A Burnaby PCN Clinician will connect with the patient and **may** share the treatment plan with the referring FP/NP after their first visit together. Ongoing communications related to patient care can be directed to the PCN Clinician. Chart notes for all Burnaby PCN services, with the exception of Clinical Pharmacist Services, can be found on CareConnect under "Community Documents." The PCN Clinician will send a transition letter once service is complete.

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