The Calgary Chinese Elderly Citizens' Association

Aging at Home Navigation Program for Chinese older adults:
Healthcare Professional Referral Form

Send to :
Phone: 403-457-6609
Fax: 403-269-1951
Email: outreach@cceca.ca

Referrer Information

Name: | Email:

Position: | Phone:

Referral Agency:

Patient Information

First Name: | Last Name: | Chinese Name:

Gender: ○ M ○ F ○ Prefer to self-discribe: | DOB (YYYY/MM/DD):

Address: | Language: ☐ Cantonese ☐ Mandarin

Phone: | ☐ Others:

Reason for Referral

- ☐ Aids to Daily Living
- ☐ Supportive Counseling
- ☐ Social Connection
- ☐ Social and Culture Support
- ☐ Transportation Support
- ☐ Financial Support (ie, benefits application)
- ☐ Home Safety Hazards
- ☐ Mental Health
- ☐ Basic Needs (ie, food, housing)
- ☐ Others:

Known Safety Concerns: ○ Yes ○ No Comments:

Brief Details:

Patient Consents to Referral: ○ Yes ○ No Date (YYYY/MM/DD):

This form is for non-emergency referrals. In case of medical emergency, call 911.