



## What is TIP?

**TIP (Telemedicine IMPACT Plus)** provides rapid access to a virtual team of professionals to enable proactive health and social care for patients with complex conditions, and their family caregivers.

Telemedicine IMPACT Plus is an OHIP-Billable Service that supports coordinated care planning and derives new solutions for addressing the patient's chronic conditions.

The Primary Care Provider, patient, and their family caregivers benefit from the support of a dedicated nurse who coordinates the patient's circle of care. The TIP consultation clinic empowers the patient and their caregivers to manage complex health conditions.

TIP consulting teams have a core membership (as required) of a:

- Home and Community Care Coordinator
- Internist
- Pharmacist
- Psychiatrist
- Social Worker

Some of our teams offer specialty consults in:

- Diabetes
- Endocrinology
- Geriatric Medicine
- Geriatric Psychiatry
- Intellectual and Developmental Disabilities
- Nutrition
- Pain Management

## Which patients do I refer?

- Patients with multiple chronic conditions and medications.
- Frequently hospitalized patients in need of access to psychiatric, mental health or social supports.
- Patients who could benefit from coordinated care planning.

## Why should I refer to TIP?

- Access psychiatric and internist consultation within weeks or sooner.
- Develop a Coordinated Care Plan.
- Navigate health and community resources with a dedicated nurse.
- Build and foster resiliency by enhancing access to local resources.
- Gain supports to help manage the patients who "keep you up at night".

For more information, please contact:

Mid-West Toronto Sub-Region Team

Phone: 416-603-5800 x4015

Email: [TIPteam@uhn.ca](mailto:TIPteam@uhn.ca)

To refer a patient, please complete the attached referral form



# Telemedicine IMPACT Plus (TIP) Referral Form

Interprofessional Clinic for Patients with Complex Care Needs

## Referral Source:

Date of Referral (mm/dd/yy): \_\_\_\_\_

Referral Source Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

OHIP Billing No: \_\_\_\_\_ Email: \_\_\_\_\_

## Patient Demographics:

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

OHIP No: \_\_\_\_\_ VC: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Major Intersection: \_\_\_\_\_

Can we leave messages at this number? Yes  No

If applicable, name of Substitute Decision Maker (SDM): \_\_\_\_\_

SDM Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_

## Referral Checklist:

1. Yes  No  Unknown  Patient/SDM consents to participate in TIP
2. Yes  No  Unknown  Interpreter Required. Language: \_\_\_\_\_
3. Yes  No  Unknown  Five or more medications prescribed
4. Yes  No  Unknown  Two or more chronic conditions present
5. Yes  No  Unknown  Care is difficult to manage due to complications of co-existing conditions
6. Yes  No  Unknown  Cognitive impairment concerns
7. Yes  No  Unknown  Mental health or substance use issues
8. Yes  No  Unknown  Frequent hospital/emergency department visits
9. Yes  No  Unknown  Patient has been diagnosed with diabetes
10. Yes  No  Unknown  Patient receives services from Home and Community Care
11. Yes  No  Unknown  Patient receives end of life care

Are you aware of any precautions staff should take when visiting the patient's home? Yes  No  Unknown

if yes, please describe: \_\_\_\_\_

Priority issues—List concerns you would like addressed and attach any relevant documents (if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax completed form to 1(888)401-6675