



Program: **CREMS**

Period: **Feb 1st, 2010 to Feb 28, 2010**

Date	Time	Client Name (Branch and CAF)	Address (# and street name only)	Postal Code	Phone #	Health Card #	Ambulance # & Service Name	Run #	OASIS #	Client Transporte d? Y or N	Hospital Transported To	Client is in Toronto Central CCAC Area and is Existing or New OR is Out of Town	If new did the client become our client and if so what services did they receive? OR If already our client did we change or increase services? How?	Health Issue, Case Notes
1-Feb-10	11:50am			M6S 1W3			3475	26345	14348	Y	MSH	New	Admitted, getting OT, nursing, PT, SW, PSW. LTCH application is in process.	Had falls. OT assessment for possible equipments and also needs LTCH.
1-Feb-10	1:19am			M5M 2R6			5867	26094	39676	Y	NYGH	New	Client needs help with shopping and homemaking. Was referred to CNAP hub	Medical issues, diabetes. Not receiving proper care.
2-Feb-10	12:11am			M3J 1M5			1700	26866	17656	Y	HRRH - Church	Out of Town (Central CCAC)	Information not available	Broke G tube. Throat cancer. No services or oxygen.
2-Feb-10	2:25pm			M4X 1G7			8532	27153	15537	Y	MSH	New	Admitted, getting nursing, OT, SW, Lab and PSW	Difficulties ambulating, falls, failure to cope on his own. Short term memory loss.
2-Feb-10	9:13pm			M2R 3S5			5644	27718	11541	N	N/A	Out of Town (Central CCAC)	Information not available	Breathing issue. Increased calls to EMS. Referral sent to Central CCAC.
3-Feb-10	7:45pm			M6N 4B8			3162	28492	10801/11764	N	N/A	New	Admitted, getting OT.	74 years old. Recent history of falls. Difficulties getting around the home.
3-Feb-10	8:46pm			M6M 4C2			5030	28453	10621	Y	HRRH - Church	Out of Town (Central CCAC)	Information not available	Alzheimer. Son is burned out, unable to care for the client. Referral sent to Central CCAC.
4-Feb-10	9:12am			M5A 4E9			4363	28732	88946	Y	TGH	New	A referral is pending as of Mar 3.	Failure to thrive. Cannot take care of self. Feces everywhere.