

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

Essential Care Partner Program – Request Form

Please complete this form to request approval for an Essential Care Partner (ECP). The form may be completed by either the patient or the Substitute Decision Maker (SDM). All information helps support a safe and informed care experience.

1. Patient Information		
Patient Name: <i>(print first, last)</i>	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>	
Unit/Department:	MRN:	
2. Substitute Decision Maker/Requestor Information (If different from patient)		
Name: <i>(print first, last)</i>	Relationship to Patient:	
Phone Number: ()	Email Address:	
3. Essential Care Partner Details		
ECP Name: <i>(print first, last)</i>	Relationship to Patient:	
Phone Number: ()	Email Address:	
4. Visit Expectations & Support Activities		
<i>Please check all that apply:</i>		
<input type="checkbox"/> Assistance with mobility	<input type="checkbox"/> Support with meals	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Communication support	<input type="checkbox"/> Cognitive support	<input type="checkbox"/> Participation in care planning discussions
<input type="checkbox"/> Other: _____		
5. Orientation Confirmation		
ECP applicants must complete the required orientation before approval.		
<input type="checkbox"/> I acknowledge that the ECP will complete the orientation modules (infection prevention, safety, and confidentiality).		
6. Agreement		
<input type="checkbox"/> The ECP agrees to follow hospital policies, safety protocols, and the Essential Care Partner Commitment Agreement.		

FOR STAFF USE ONLY

Reviewed By:	Signature:
Role/Department:	Date Reviewed: <u>dd</u> / <u>mm</u> / <u>yy</u>
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	ECP Badge Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No
Scanned Into MediTech <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Copy In Patient File: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please submit to a member of the care team for approval.

For questions, please contact: patientexperience@southlake.ca or 905-895-4521, ext. 2104.

