UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION

In accordance with Section 15 of The Personal Health Information Act (PHIA), the purpose of this form is to identify the child's health care intervention(s) <u>and</u> apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program inf ormation (to be completed by the community program)

Type of community program (please ¥) School Licensed childcare Respite Recreation program	Name of community program:	
	Contact person:	
	Phone:	Fax:
	Email:	
	Address (location w here service is t o be delivered) : Street:	
	City/Town:	POSTAL CODE:

Section II - Child information

Last Name First Name Birthdate

%6teroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with?			
%ωsteogenesis Imperfecta (brittle bone disease)			
%Gastrostomy Feeding Care			
Does the child require gastrostomy tube feeding at the community program?	☐ YES ☐ NO		
Does the child require administration of medication via the gastrostomy tube			
at the community program?	☐ YES ☐ NO		
%oostomy Care			
Does the child require the ostomy pouch to be emptied at the community program?	☐ YES ☐ NO		
Does the child require the established appliance to be changed			
at the community program?	☐ YES ☐ NO		
Does the child require assistance with ostomy care at the community program?	☐ YES ☐ NO		
% Clean Intermittent Catheterization (IMC)			
Does the child require assistance with IMC at the community program?	☐ YES ☐ NO		
% o Pre-set Oxygen			
Does the child require pre-set oxygen at the community program?	☐ YES ☐ NO		
Does the child bring oxygen equipment to the community program?	☐ YES ☐ NO		
%6uctioning (oral and/or nasal)			
Does the child require oral and/or nasal suctioning at the community program?	☐ YES ☐ NO		
Does the child bring suctioning equipment to the community program?	☐ YES ☐ NO		

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the communi