Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Facility: _____

File no.: _____
Family name, first name: _____ _____

Date of birth: _____ ☐ F ☐ M
YYYY-MM-DD

RAMQ no.: _____ Exp. _____
YYYY-MM

Mother's name: _____

CONSENT TO SEARCH FOR ALTERNATIVE RESOURCES IN A PANDEMIC SITUATION

USER'S ADDRESS

Civic no.: _____ Street: _____ Apt.: _____

City: _____ Québec Postal code: _____

IDENTIFICATION OF THE USER'S REPRESENTATIVE

Is the user legally represented by another person or considered incapable of consenting?

☐ No ☐ Yes If yes, fill out the following section:

Family name: _____ First name: _____

Civic no.: _____ Street: _____ Apt.: _____

City: _____ Québec Postal code: _____

Main phone no.: _____ ☐ Day ☐ Evening ☐ Voice mail

Secondary phone no.: _____ ☐ Day ☐ Evening ☐ Voice mail

Relationship with user:

☐ Mandatary ☐ Spouse
☐ Tutor to the person ☐ Close relative
☐ Curator ☐ Other: _____

Your doctor has determined that you no longer need active inpatient care. Given the current situation with the COVID-19 pandemic, it is important for your health that you be transferred as soon as possible to an environment better suited to your needs. During your discussions with your care team, it was determined that you require support in order to stay healthy and safe. Your care team therefore recommended one of the following options:

1. **Temporary increase in your home care services. The frequency and intensity of services will be assessed by the professionals at the CISSS de la Montérégie-Ouest.**
2. **Referral to a rehabilitation bed.**
3. **Referral to a temporary living environment to allow you to recover from your hospitalization and to determine your long-term needs, e.g., public or private residence, assessment/intervention/orientation bed.**

All of these guidelines are temporary and are issued with the goal of keeping you safe during the COVID-19 pandemic. Following an assessment of your needs and a discussion with your care team, option ____ was selected.

You hereby give your consent to your care team to recommend the chosen referral option to the access desk for your territory. However, given the **COVID-19 pandemic**, you authorize the access desk to undertake additional searches to identify potentially suitable resources if the first option is not available. For health and safety reasons, searches will be done among the remaining options listed above. You will be notified of the decision as soon as possible.

Family name: First name: File #:

I declare that I was given the information and explanations needed to consent to the search for alternative resources in the event the first option is not available. I understand that I may withdraw my consent at any time, at which point I will find another option and will have 24 hours to leave.

In witness whereof, I have signed:

User: _____ Date _____
yyyy/mm/dd

Legal representative: _____ Date _____
yyyy/mm/dd

Person authorized to give consent for the user: _____ Date _____
yyyy/mm/dd