

Project Lifesaver Association of Nova Scotia

Bringing Loved Ones Home



Medical Referral for Project Lifesaver® Enrollment Policy

1. Purpose

The purpose of policy is to ensure administrators of Project Lifesaver Association of Nova Scotia and Project Lifesaver Member Agencies receive accurate and required information when considering an individual for enrollment as a client in the Project Lifesaver Program in Nova Scotia that may not otherwise be provided .

2. Definitions

a) Project Lifesaver Member Agency

A volunteer team of the Nova Scotia Ground Search and Rescue Association that provides Project Lifesaver response in the Province of Nova Scotia.

b) Health Care Service Provider (HCSP)

A medical practitioner or individual health care professional licensed to provide health care diagnosis and treatment services including medication, survey and medical devices.

3. Objective

A health care provider completes the standardized Medical Referral for Project Lifesaver® Enrollment Form on behalf of an individual before they can be considered for enrollment into the Project Lifesaver Program. The form is provided to Project Lifesaver Association of Nova Scotia and the respective Project Lifesaver Member Agency. The Medical Referral for Project Lifesaver® Enrollment Form is attached as Appendix A.

4. Policy Statement

That it is the Policy of Project Lifesaver Association of Nova Scotia to receive a completed Medical Referral for Project Lifesaver® Enrollment before Project Lifesaver enrollment consideration that meets the criteria outlined in the form.

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Medical Referral for Project Lifesaver® Enrollment

This form **must** be completed by a medical practitioner or health care service provider for Project Lifesaver enrollment consideration

Patient: _____

Cognitive Disorder(s): _____

Patient Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Is the Patient able to communicate verbally? **Yes** **No**

Is the Patient known to exhibit consistent outbursts of uncontrollable and agitated behaviours with physical violence and causes property damage? **Yes** **No**

Disclaimer: Please be advised if you have indicated that the patient is known to exhibit consistent outbursts of uncontrollable and agitated behaviours with physical violence and causes property damage, they cannot be considered for the Project Lifesaver Program. Project Lifesaver response is provided by Ground Search & Rescue (GSAR) volunteers in the Province of Nova Scotia. They will not search for potentially violent or dangerous individuals in accordance with Workers' Compensation Policy.

Patient Next of Kin (NOK): _____

NOK resides with the Patient? **Yes** **No** Is aware of this referral? **Yes** **No**

NOK Relationship: _____ NOK Phone Number: (____) _____

Patient Civic Address: _____

Patient Community: _____ Postal Code: _____

Next of Kin (NOK): _____ Relationship: _____

Health Care Service Provider (HCSP): _____

HCSP Contact Number: _____

HCSP Email Address: _____

By signing below, as a Health Care Service Provider, I certify that the information provided on this form is correct and complete as of this date, and that I may be held liable for any incorrect information supplied.

Health Care Service Provider Signature

Date

Forward Signed Completed form to: contactus@projectlifesaver.info

Approved: 23-March-2022