The Seniors House Calls program was created within the Regina Qu’Appelle Health Region to support seniors to be well in the comfort of their homes. The team includes nurse practitioners, paramedics and pharmacists.

**How to Access This Program:**

Call 306-766-6280 to refer.

Clients can be referred to this program by a current health care provider such as a physician, nurse practitioner, nurse, homecare etc. Patients and their families can also refer themselves to the program.

Seniors House Calls operates 7 days per week, 6:00am until 11:00pm. Information is also available at [www.rqhealth.ca/SHC](http://www.rqhealth.ca/SHC)

Please note that Clients need to provide consent to be seen by a provider on the Seniors House Call Team

**Program Requirements:**

- 65 years old or older
- Typically frail and home/housebound or with great difficulty getting out of the home to access primary health care services
- Needing in-home assessment and treatment
- Experiencing an acute event that is urgent but not a true Emergency needing Hospital Services
- Needing follow-up in home assessment and treatment after a hospital visit
- Living in Regina
There is no limit to the services we provide. If you feel your patient has a gap in care or access, call us to see what services we can provide. Some common services are:

- Partner with family physicians and other care providers to provide clients in home urgent medical assessment, diagnosis and treatment of acute / chronic health issues
- Develop care plans with clients and caregivers
- Provide in home vaccinations and immunizations for home bound clients
- Short term follow-up in home for clients after an ER visit or hospital admission
- System navigation support for clients needing to access additional health services such as home care, chronic disease management etc

No forms required. To refer, call 306-766-6280 and verbally provide content which may include:

**Client Information:**
- Client’s name, age, date of birth and health card number
- Client’s Next of Kin
- Client’s Address

**Provider Information:**
- Name of person referring and contact information
- Family Physician and Contact #
- Other Care Providers Involved
- Reason for Referral/Current State/Goals

**Medical History and other Information:**
- Urgency (Within 4 hours, 8 hours, today, tomorrow, etc.)
- Diagnosis
- Care attempted to date
- Recent set of vital signs including a recent blood sugar reading
- Current Medication List
- Allergies
- Any contact or safety concerns
- Other relevant medical or surgical history