



Comprehensive Dispute Resolution

1064 Dew Drop Road  
Sudbury, ON P3G 1L2

Tel: 705.561.7327

Fax: 705.674.2227

kelly@northernmediation.ca

## ELDER MEDIATION REFERRAL FORM

Please return completed form to [kelly@northernmediation.ca](mailto:kelly@northernmediation.ca)

Mediation is a voluntary process where participants openly discuss relevant matters face-to-face with the assistance of a trained neutral facilitator. It is important that the parties have the capacity to participate, and that they are informed of the potential impact of the decisions they may be making. The mediator will not provide legal or financial advice, but may refer the parties to relevant resources where appropriate. Any decisions reached can become legal documents, if the clients choose, with the assistance of an attorney outside and at the conclusion of the mediation process.

If you determine a case may be appropriate for referral, inform your client that elder mediation may be helpful in resolving the issues that have arisen. Obtain his/her consent to contact Northern Mediation Services by way of referral and inform the client and appropriate family members (if appropriate) of the information to be disclosed. Northern Mediation Services prefers, although does not require, that the referring party inform the person or group to be involved in mediation of the referral for services. Potential clients are encouraged to contact Northern Mediation Services directly if they prefer.

Date \_\_\_\_\_  
Day/Month/Year

Referring Person's Name \_\_\_\_\_

Business or Agency Name, Address and Postal Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Elder \_\_\_\_\_ Elder's Telephone Number \_\_\_\_\_

Elder's Address and Postal Code \_\_\_\_\_



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Has Elder consented to discussing elder mediation? Yes No

Date of Consent \_\_\_\_\_  
Day/Month/Year

**If Elder is NOT your client:**

Your Client's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Client's Address and Postal Code \_\_\_\_\_

Your Client's Email Address \_\_\_\_\_

Has your client consented to discussing elder mediation? Yes No

Date of Consent \_\_\_\_\_  
Day/Month/Year

Is your client expecting a telephone call/email from Northern Mediation Services? Yes No

**Other Party Information:**

Please list names, relation to elder, primary or secondary caregiver, contact information and whether the parties are expecting a telephone call from Northern Mediation Services.

A. \_\_\_\_\_

Telephone call expected? Yes No

B. \_\_\_\_\_

Telephone call expected? Yes No

C. \_\_\_\_\_

Telephone call expected? Yes No

D. \_\_\_\_\_

Telephone call expected? Yes No



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E. \_\_\_\_\_

Telephone call expected?     Yes             No

### Case Assessment

Please select all presenting issues in this situation to the best of your knowledge.

- |  |   |
|--|---|
| <input type="checkbox"/> Housing/Living Arrangements | <input type="checkbox"/> Estate Planning and Probate Matters    |
| <input type="checkbox"/> Safety                      | <input type="checkbox"/> Guardianship or Conservatorship Issues |
| <input type="checkbox"/> Caregiving                  | <input type="checkbox"/> Social Life and Activities             |
| <input type="checkbox"/> Healthcare Planning         | <input type="checkbox"/> Spirituality and Aging                 |
| <input type="checkbox"/> Medical Treatment           | <input type="checkbox"/> End-of-Life Decisions                  |
| <input type="checkbox"/> Financial Management        | <input type="checkbox"/> Ongoing Relationships                  |
| <input type="checkbox"/> Consumer Issues             |   |

Is there an issue that needs to be decided immediately on an emergency basis?     Yes     No     Don't Know  
If Yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Is there a conflict among family members or relevant individuals over any aspect of eldercare or decision-making?     Yes             No             Don't Know

Does the elder object to the proposed care or decision-making plans or to a particular decision-maker or caregiver?     Yes             No             Don't Know

If Yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Please describe any other areas of difficult joint decision-making plans or conflict you have identified. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Are there allegations or indications of elder abuse?  Yes  No  Don't Know  
If Yes, please elaborate \_\_\_\_\_

Is there any court action that you are aware of?  Yes  No  Don't Know  
If Yes, please elaborate \_\_\_\_\_

Does the elder have any physical or mental impairment that would interfere with his/her ability to participate in mediation?  Yes  No  Don't Know  
If Yes, please elaborate \_\_\_\_\_

Are there modifications or accommodations that would enable the elder to participate?  
 Yes  No  Don't Know  
If Yes, please elaborate \_\_\_\_\_

How well can the elder communicate?  
 Well  Adequately  Poorly  Not at all  Don't Know

Are there auxiliary aids or services that would enable the client to communicate more effectively?  
 Yes  No  Don't Know  
If Yes, please elaborate \_\_\_\_\_

From your perspective, if mediation occurs, who should be present? Please indicate what role, if any, you or your organization might play. \_\_\_\_\_

In your opinion, what is the elder's ability to participate in mediation? Please consider the following:

- a) Understanding of the issues
- able to participate with some or no assistance
  - will require significant assistance
  - unable to participate
  - Don't Know



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- b) Understanding of who the parties are
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance
  
- c) Ability to generate options
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance
  
- d) Ability to listen and comprehend others
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance
  
- e) Ability to assess options
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance
  
- f) Expression of consistent opinion
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance
  
- g) Ability to make and keep agreements
  - able to participate with some or no assistance
  - unable to participate
  - Don't Know
  - will require significant assistance

Please add any additional information you feel would be relevant if a mediation was to take place.

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