

Tel: 705.561.7327 Fax: 705.674.2227

kelly@northernmediation.ca



ELDER MEDIATION REFERRAL FORM

Please return completed form to 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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Comprehensive Dispute Resolution

Has Elder consented to disc	cussing elder	r mediation? □Yes	□No			
Date of ConsentDay/Mo	nth/Year					
If Elder is NOT your clien	ıt:					
Your Client's Name			Telephone Number			
Your Client's Address and	Postal Code					
Your Client's Email Address						
Has your client consented to	o discussing	elder mediation?	□Yes	□No		
Date of Consent	nth/Year	-				
Is your client expecting a te	lephone cal	l/email from Northern	Mediation Servi	ces? □Yes	□No	
Other Party Information: Please list names, relation to are expecting a telephone ca				formation and whether	er the parties	
A						
Telephone call expected? B		□No				
Telephone call expected?	□Yes	□No				
C						
Telephone call expected? D	□Yes	□No				
Telephone call expected?	□Yes	□No				



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Comprehensive Dispute Resolution Telephone call expected? □Yes \Box No **Case Assessment** Please select all presenting issues in this situation to the best of your knowledge. ☐ Housing/Living Arrangements ☐ Estate Planning and Probate Matters □ Safety ☐ Guardianship or Conservatorship Issues □ Social Life and Activities □ Caregiving ☐ Healthcare Planning □ Spirituality and Aging □ Medical Treatment □ End-of-Life Decisions ☐ Financial Management □ Ongoing Relationships □ 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 decisionmaking? \square Yes \sqcap No □ Don't Know Does the elder object to the proposed care or decision-making plans or to a particular decision-maker or □ Don't Know caregiver? □ Yes □ No If Yes, please elaborate Please describe any other areas of difficult joint decision-making plans or conflict you have identified.



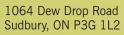
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Are there allegations or indications of elder abuse? If Yes, please elaborate		□ No	□ Don't Know
Is there any court action that you are aware of? If Yes, please elaborate			□ Don't Know
Does the elder have any physical or mental impairment mediation? Yes No If Yes, please elaborate	Don't Know		
Are there modifications or accommodations that would □ Yes □ No □ Don't Know If Yes, please elaborate			
How well can the elder communicate? Well	he client to com	nmunicate more	e effectively?
From your perspective, if mediation occurs, who should your organization might play			
	o in modiction?	Dlagge gangid	on the following:
a) Understanding of the issues □ able to participate with some or no ass □ unable to participate □ Don't K	sistance 🗆 🗆		nificant assistance



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	b) Understanding of who the parties ar				
	 □ able to participate with some □ unable to participate 	or no assistance Don't Know	□ will require significant assistance		
	c) Ability to generate options				
	□ able to participate with some□ unable to participate	or no assistance Don't Know	□ will require significant assistance		
	d) Ability to listen and comprehend other				
	 □ able to participate with some □ unable to participate 	or no assistance Don't Know	□ will require significant assistance		
	e) Ability to assess options				
	□ able to participate with some □ unable to participate □	or no assistance Don't Know	□ will require significant assistance		
	f) Expression of consistent opinion				
	□ able to participate with some□ unable to participate	or no assistance Don't Know	□ will require significant assistance		
	g) Ability to make and keep agreemen				
	□ able to participate with some□ unable to participate	or no assistance Don't Know	□ will require significant assistance		
Please add any additional information you feel would be relevant if a mediation was to take place.					