



ESHC - OP

Patient Demographics

Referral and Treatment Plan

- Chatham Site, Sarnia Site, Windsor Site contact info

Patient Name, DOB, HCN, VC, Address/911, City, PC, Phone

Community, Hospital, Unit, Alternative Contact for Patient, Relationship, Phone

Patient Agrees to Referral, Service Needed, Nursing, Palliative Care, PSW, Telehomecare, Long Term Care, Dietician, Social Work, PT, OT, SLP, Behavioural Support Ontario (BSO), Reason for Referral, Diagnosis, NKA, Allergies/Sensitivities, Medical Orders, Best practice/evidenced based practice will be initiated unless otherwise written. Wound care outside of evidenced based practice may not be eligible Ontario Health atHome services. Treatment will be taught and service reduced when appropriate. Specify Wound, Diabetic Foot Ulcer, Maintenance, Non-Healing, Other, Pressure injury, IV Therapy, Peripheral, PICC, Midline - Catheter Length, Internal, External, Subcutaneous, Central Number of Lumens, Drug, Dose, Frequency, Duration of remaining community treatment, Last Dose in Hospital, Date, Time, Community Therapy to Start, Date, Time, Has received same medication and route within past 12 months, Has NOT received medication within past 12 months - First Dose Parenteral Screener Completed, REMDESIVIR: Patient qualifies for treatment per Ontario Health and MOH guidelines

Start time may be delayed up to 8 hours if the next dose due is between midnight to 0800h. Additional Referral Information/ Specific Health Care Orders: (Infusion orders require frequency, dosage and duration)

Signature, Print Name/Designation/Title, OHIP Billing Code 1, CPSO/CNO Reg. Number, Phone Number, Date (dd/mm/yy)