



WRH-MC - ER

Referral and Treatment Plan

- Chatham Site, Sarnia Site, Windsor Site with contact info

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

Patient Demographics: Patient Name, M/F, DOB, HCN, VC, Address/911, City, PC, 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 for OHaH services. Treatment will be taught and service reduced when appropriate.

Specify Wound: Surgical, Malignant, Pilonidal, Traumatic, Venous Leg Ulcer, Arterial Leg Ulcer, Diabetic Foot Ulcer, Maintenance, Non-Healing, Other, Pressure injury, Stage, IV Therapy: Peripheral, PICC, Midline - Catheter Length, 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, Has NOT received medication, REMDESIVIR

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