



Request for Ontario Health atHome Services

Patient Name _____ HCN _____ VC _____ DOB _____
 Address _____ City _____ Province _____ Postal Code _____
 Patient Phone _____ Contact Name _____ Contact Phone _____

Community: Fax completed form to 1-866-655-6402 **Hospital:** Fax completed form to OHaH hospital office (see pg. 2);
 Hospital Referrals: Unit/floor _____ Planned Hospital Discharge Date _____
 Bundle Holder Referral for Service – Hospital Site _____ Bundle Type _____

The patient or lawfully authorized substitute decision maker has consented to this referral
 Please contact the person below (rather than the patient) for assessment, due to:
 Patient Preference Hearing Difficulties Cognitive Status Language Difficulties Other _____

Contact Person _____ Relationship _____
 Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____
 Primary Care Physician _____ Phone _____

Primary Diagnosis _____ Date _____
 Secondary Diagnosis _____ Diagnosis Discussed With Patient Yes No With Family Yes No
 Prognosis Improved Remain Stable Deterioration Prognosis Discussed With Patient Yes No With Family Yes No
 Surgical Procedure _____ Date _____
 Current Medications Medication List Attached Health Profile Attached **WSIB Claim** Yes No
 Allergies _____ Special Diet _____

Wound Care (Include location) _____
Note: If not specified, nurse will assess and provide recommendations. Wound care products may be substituted to a comparable product based on supply list.

Weight Bearing Full Partial Feather None **Activities Permitted** _____

Completion of additional forms are required for the following protocols (select link to open form):
[Central Vascular Devices](#) [Vancomycin & Aminoglycoside Prescriptions](#) [Protocol for First Dose IV](#)

Activities of Daily Living Behavioural Supports (e.g. BSO) Chronic Disease Management
 Community Support Services/ Resources Dementia/ Memory Impairment Health Link Patient
 Home Safety Housing Options Medication Management
 Mobility/ Risk of Falls Pain Management Palliative Care/ End of Life - [PPS%](#) _____
 Social Isolation Strengthening Speech Language Pathology

Medical Orders: Same Day Request Additional information attached. Total Number of Pages _____

Indwelling Urinary Catheter Care: Insertion Date: _____ Size: _____ Type: _____
 Standard maintenance for Indwelling or Suprapubic Catheter: Change latex catheter monthly and PRN, Change silastic and silicone – silicone coated catheters every 3 months and PRN. Irrigate catheter with 50-100 mL Normal Saline PRN.
Note: if size/type not specified, standard foley catheter kit will be provided with #14 & 16 silicone coated catheter for nurse to use discretion

Thank you for your referral. Ontario Health atHome will assess and work with your patient to develop a care plan that includes service location, frequency and health teaching to support independence. For questions please call 1 800 810 000 from 8:30 am to 8:30 pm, 7 days a week.

Name _____ MD NP Telephone _____
 (Please Print)
 Signature _____ Date _____ CPSO/CNO Reg. # _____

Ontario Health atHome FAX Numbers

All Community Referrals including Primary Care Providers please FAX Page 1 of this Form to:

OHaH Intake & Extended Hours	1-866-655-6402
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For Hospital-based referrals please FAX Page 1 of this form directly to the appropriate OHaH Hospital Office:

Brantford

Brantford General	519-752-2186
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Burlington

Joseph Brant Hospital	905-637-7668
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Haldimand-Norfolk

Haldimand War Memorial Hospital	519-426-8410	Norfolk General Hospital	519-426-8410
West Haldimand General Hospital	519-426-8410		

Hamilton Hospitals

Hamilton General Hospital	905-527-8094	St. Joseph's Hospital, Charlton Site	905-522-2057
Juravinski Cancer Centre	905-575-6311	St. Joseph's Hospital, Mountain Site	905-388-9141
Juravinski Hospital	905-387-4450	St. Peter's Hospital	905-549-8564
McMaster University Medical Centre	905-529-2291	West Lincoln Memorial Hospital	905-309-8576

Niagara Hospital Sites

Fort Erie Site	905-991-0697	St. Catharine's Site	905-323-9763
Niagara Falls Site	905-374-1028	St. Catharine's Site ED	905-323-9763
Niagara Falls Site ED	905-374-1028	Welland Site	905-732-0098
Hotel Dieu Shaver - Rehab Centre	905-685-0642	Welland Site ED	905-732-0098
Port Colborne Site	905-835-9404		