



SERVICE REQUESTS / REFERRALS

Community Service Request: 1-800-869-8828 | Fax: 1-866-839-7299

Hospital Request: Please see Hospital Care Coordinator

Demographics / Client Details	Patient Name: _____ Health Card Number: _____ Address: _____ Street Suite City/Town Province Postal Code
	Date of Birth: _____ Phone Number: _____ Alternate Number: _____ DD MM YYYY
	First Language: _____ Preferred Language for Service: <input type="checkbox"/> English <input type="checkbox"/> French
	Primary Contact Name: _____ Relationship: <input type="checkbox"/> POA <input type="checkbox"/> SDM <input type="checkbox"/> Other _____
	Contact Phone Number: _____ Alternate Contact Phone Number: _____
	Is patient aware of request: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Reason not aware:</i> _____
	Has SDM provided consent for referral to Ontario Health atHome If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Person requesting service: _____ Relationship to Patient: _____
	Contact Phone Number: _____ Contact Fax Number: _____
	Planned Hospital Discharge Date (if applicable): _____ DD MM YYYY
Referral Information	Diagnosis (Primary): _____
	Diagnosis(es) (Secondary): <i>Include also related surgical procedures / past medical history</i>
	Reason for Referral:
	Ontario Health atHome Services Include: Nursing in clinic (in-home by exception) Social Work, Speech Therapy, Nutrition, Physiotherapy, Occupational Therapy, Personal Support and assessment for Long Term Care eligibility.
	Medical Responsibility will be provided by (please print): _____
Hospital Physicians must ensure medical responsibility transferred to primary care physician / practitioner should treatment require medical monitoring post Hospital discharge.	
Source of Information – Person completing this form (please print) _____	
Signature: _____ Date: _____ Time: _____	



To contact any Ontario Health atHome office, you may call 310-2222 (no area code required).

Kingston Office

1471 John Counter Blvd., Suite 200
Kingston, ON
K7M 8S8
Tel: 613-544-7090
Fax: 613-544-1494

Bancroft Office

1 Manor Lane, Box 1449
Bancroft, ON
K0L 1C0
Tel: 613-332-2444
Fax: 613-332-4873

Smiths Falls Office

52 Abbott St., N
Smiths Falls, ON
K7A 1W3 Tel:
613-283-8012 Fax:
613-283-0308

Belleville Office

470 Dundas St. East
Belleville, ON
K8N 1G1
Tel: 613-966-3530
Fax: 613-966-0996

Brockville Office

555 California Ave., Unit 1
Brockville, ON
K6V 7K6
Tel: 613-283-8012
Fax: 613-283-0308

OHIP Billing Fee Codes

Home Care Application - Code K070

The service rendered by the most responsible physician for completion and submission of a home care service request form to Ontario Health atHome on behalf of a patient for whom the physician provides on-going medical care. The amount payable for this service is in addition to the assessment fee payable, where applicable. The amount payable for completion of the home care service request form if completed in whole or in part by a person other than the physician or the physician's employee is nil.

Home Care Supervision - K071 & K072 & K124

The service rendered by the most responsible physician for personally providing medical advice, direction or information to health care staff of Ontario Health atHome or a Ontario Health atHome contractor on behalf of a patient for whom the physician provides on-going medical care. The date, question, response and identity of the health care staff must be recorded in the patient's medical record. The amount payable for home care supervision without the required record of service in the patient's medical record is nil. The amount payable for home care supervision rendered on the same day as a consultation or visit by the same physician with the same patient is nil.

K071 for Acute home care supervision (maximum 1 every week for the first 8 weeks following admission to home care program)

K072 for Chronic home care supervision (maximum 2 per month commencing in the 9th week following admission to the home care program)

K124 for a case conference regarding a Ontario Health atHome patient. Note that K124 requires participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of Ontario Health atHome and/or regulated health professionals.