Ontario Health atHome

BRN#:

Medical Referral

Toronto Fax: (416) 222-6517 Newmarket Fax: (905) 952-2404

PATIENT DETAILS

(Patient Last Name, First Name)

Home Address: _____ **DOB (dd-mmm-yyyy):** _____

City: _____ **Postal Code:** _____ **Home Phone #:** _____

Health Card Number & Version Code: _____ **Caseload:** _____

DIAGNOSIS: 1) 2)

Surgical Procedure/Treatment: **Date:** _____ (dd-mmm-yyyy)

Other Significant Medical Information:

Allergies: ☐ No ☐ Unknown ☐ Yes, Specify:

Multi-drug Resistant Organism (MRO): ☐ No ☐ Unknown ☐ Yes, Specify:

Diagnosis Discussed	With Patient: ☐ No ☐ Yes With Family: ☐ No ☐ Yes	**Prognosis:**	☐ Improve ☐ Remain Stable ☐ Deteriorate ☐ Unknown	**Prognosis Discussed**	With Patient: ☐ No ☐ Yes With Family: ☐ No ☐ Yes	**DNR Order in Place**	☐ No ☐ Yes

The Patient/SDM is aware of the prognosis and should death occur, Physician or Nurse Practitioner (NP) has agreed to make a home visit and sign a death certificate or, will arrange for a Physician substitute in his/her absence - ☐ No ☐ Yes

Palliative Performance Score (PPS): Edmonton Symptom Assessment Scale (ESAS):

MEDICAL ORDERS

TREATMENT ORDERS

Weight Bearing (WB)

(**Mandatory for patients requiring therapy services)

	R	L		R	L
Full	☐	☐	Feather	☐	☐
Partial	☐	☐	Non-WB	☐	☐

Clinic/Follow-up Appointment: _____ *(dd-mmm-yyyy)*

Lab Tests: Type, Frequency: _____

Results To: _____

Phone #: _____ Start Date: _____ *(dd-mmm-yyyy)*

INFUSION ORDER (**Mandatory Information)

Initial Dose: _____ *(dd-mmm-yyyy)* **Time:** _____

Next Dose in Home: _____ *(dd-mmm-yyyy)* **Time:** _____

Central Venous Lines:

Valved: ☐ No ☐ Yes Tip Confirmed: ☐ No ☐ Yes

Flushing Protocols:

Diabetic: ☐ No ☐ Yes **Beta Blockers:** ☐ No ☐ Yes

Phone Order From Physician/NP: _____ To: _____ Date: _____ *(dd-mmm-yyyy)*

SIGNATURE OF PHYSICIAN/NP: _____ **Phone #:** _____

Print Name: _____ Date: _____ *(dd-mmm-yyyy)*

Care Coordinator: _____

Phone # and Extension: [Select Phone #] Ext. [#####] Date: _____ *(dd-mmm-yyyy)*

CONTROLLED ACTS ARE AS FOLLOWS:

- Performing a prescribed procedure below the dermis or a mucous membrane
- Administering a substance by injection or inhalation
- Putting an instrument, hand or finger:
    1. beyond the external ear canal
    2. beyond the point in the nasal passages where they normally narrow
    3. beyond the larynx
    4. beyond the opening of the urethra
    5. beyond the labia majora
    6. beyond the anal verge
    7. into an artificial opening into the body
- Dispensing