

Medical Order Form Contact Number 1-800-810-0000 <i>See Page 2 for Fax Numbers</i>	Patient Name _____ HC# _____ VC _____ DOB _____ Address _____ City _____ Province _____ Postal Code _____ Phone # _____
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Patient Information

Height _____ Weight _____ Diagnosis of diabetes? Yes No Type: _____
 Known Allergies _____
 History of Drug Reaction: Yes No (specify) _____
 If route is IV, indicate type of vascular device: PIV PICC Midline PORT Other _____
**For Central Vascular Devices – Include Medical Order Form for Care & Maintenance*

Prescription (include drug, dose, concentration, route, frequency, length of treatment, mitte and start date)

IV Medication/Infusion: Patient is able to miss one dose due to inclement weather, loss of access, post hospital discharge arrangements, etc.

Wound Care: If not specified, nurse to assess and provide recommendations

Indwelling Urinary Catheter: 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 50-150mL Normal Saline PRN

If size/type not specified, standard Foley catheter kit will be provided with #14/16 silicone coated catheter

Has received same medication and route with 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

Prescriber (MD/NP) Information

Name _____	CPSO/CNO # _____
Address _____	Contact Number _____
Signature _____	Date _____

Print

Clear

**Ontario Health atHome
FAX Numbers**

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

Ontario Health atHome Intake & Extended Hours 1-866-655-6402

For Hospital-based referrals please FAX Page 1 only directly to the appropriate **Ontario Health atHome Hospital Office:**

Brantford			
Brantford General		519-752-2186	
Burlington			
Joseph Brant Hospital		905-637-7668	
Haldimand-Norfolk			
Haldimand War Memorial Hospital	519-426-8410	Norfolk General Hospital	519-426-8410
West Haldimand General Hospital	519-426-8410		
Hamilton Hospital			
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. Catharines Site	905-323-9763
Niagara Falls Site	905-374-1028	St. Catharines 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		