

<b>Name:</b>			
<b>Address:</b>			<b>Postal Code:</b>
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> undifferentiated <input type="checkbox"/> unknown		<b>Date of Birth:</b>	
<b>HCN (mandatory):</b>		<b>Phone:</b>	
<b>Ordering Physician (PRINT):</b>		<b>Version Code:</b>	
<b>Primary Diagnosis:</b>			
<b>Other Diagnosis Pertinent to Care:</b>			
<b>Height:</b>	<b>Weight:</b>	<b>Blood Pressure:</b>	<b>Diabetic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allergies:</b>			
<b>IF CANCER DIAGNOSIS OR A LIFE LIMITING ILLNESS</b>			
<b>Metastatic Spread:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:			
<b>Ongoing Treatment:</b> <input type="checkbox"/> Palliative <input type="checkbox"/> Curative			
<b>Anticipated Prognosis:</b> <input type="checkbox"/> 0 <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Uncertain			
<b>MEDICATION</b>			
<input type="checkbox"/> Morphine <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Other:			
<b>ADDED MEDS</b>			
<b>CONCENTRATION</b>			
mg/mL (Note: The higher the concentration, the smaller the infusion volume to preserve subcutaneous routes)			
<b>ROUTE</b>			
<input type="checkbox"/> sc <input type="checkbox"/> Other:		(If IV, basal rate volume must be 0.5 mL/hr)	
<b>INFUSION RATE</b>			
<b>Minimum</b>	mg/hr	<b>Maximum</b>	mg/hr
		<b>Starting</b>	mg/hr
<b>BREAKTHROUGH BOLUS DOSES</b>			
<b>Minimum</b>	mg	<b>Maximum</b>	mg
		<b>Starting</b>	mg
<b>BREAKTHROUGH BOLUS INTERVAL</b>			
<input type="checkbox"/> q 15 min prn	<b>Maximum</b>	doses/hr	<input type="checkbox"/> q min prn <b>Maximum</b> doses/hr
<b>RESERVOIRS</b>			
<b>Reservoir Size</b> <input type="checkbox"/> 100 mls <input type="checkbox"/> Other:	ml	<b>Total Quantity of Reservoirs</b> <input type="checkbox"/> 10 (ten) <input type="checkbox"/> Other:	
<b>DISPENSE AT EACH TIME</b>			
<input type="checkbox"/> 2 (two) <input type="checkbox"/> Other:			
<b>OTHER INFORMATION</b>			
Unless otherwise indicated, Ontario Health atHome may determine frequency of treatment, arrange for teaching of patient or other reliable person and/or request assessment from other Ontario Health atHome disciplines.			
<b>ORDERING PHYSICIAN/NURSE PRACTITIONER</b>			
<b>CPSO/ CNO#:</b>		<b>Print Name:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>CONTACT INFORMATION FOR ORDERING PHYSICIAN</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>After Hours:</b>			
<b>LAB RESULTS TO BE SENT TO</b>			
<b>Physician/Nurse Practitioner Name:</b>		<b>Fax:</b>	