HOME AND COMMUNITY CARE SUPPORT SERVICES Erie St. Clair

SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Érié St-Clair

WRH-OC - OP	Patient Demographics
Referral and Treatment Plan	Patient Name:
☐ Chatham Site ☐ Sarnia Site ☐ Windsor Site Ph: 1-888-447-4468 Fax:1-844-858-3546 Fax:1-844-858-3546 ☐ Windsor Site Ph: 1-888-447-4468 Fax:1-844-858-3546	□M □F DOB:
Community:	Address/911:
Hospital:Unit:	City:PC:
Alternative Contact for Patient:	Phone:
Relationship:Phone:	
□ Patient Agrees to Referral Service Needed: (Assessment by HCCSS ESC to determine services in clinic or home) □ Nursing □ Palliative Care □ PSW □ Telehomecare □ Long Term Care □ Dietician □ Social Work □ PT □ OT □ SLP	
□Behavioural Support Ontario (BSO)	
Reason for Referral:	
Diagnosis:	
□ NKA □ Allergies/Sensitivities:	
Specify Wound: □Surgical □Malignant □Pilonidal □Traumatic □Venous Leg Ulcer □Arterial Leg Ulcer	
□ Diabetic Foot Ulcer □ Maintenance □ Non-Healing □ Other:Pressure injury: Stage: □1 □2 □3 □4	
IV Therapy: ☐Peripheral ☐PICC ☐Midline – Catheter Length: Internal: cm External: cm	
□ Subcutaneous □Central Number of Lumens: □1 □2 □3 Drug :	
Dose:Frequency: □ q24h □ q12h □ q8h □ q6h □ q4h Other:	
Duration of remaining community treatment:Days (number of) orDoses (number of) Last Dose in Hospital: Date: (dd/mm/yy)Time: am pm N/A Community Therapy to Start: Date: (dd/mm/yy)Time: am pm _Has received same medication and route within 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 Start time may be delayed up to 8 hours if the next dose due is between midnight to 0800h.	
Additional Referral Information/ Specific Health Care Orders: (Infusion orders require frequency, dosage and duration)	

CPSO/CNO Reg. Number

Signature

Phone Number

Print Name/Designation/Title

OHIP Billing Code 1

Date (dd/mm/yy)