HOME AND COMMUNITY CARE SUPPORT SERVICES
Central

Ontario

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