

Hospital Request for Assessment

This form is only required if there are medical treatment orders for this patient

Enter "LHIN to Assess" and follow instructions on posters on each hospital unit

Name:		
Address:		Postal Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> undifferentiated <input type="checkbox"/> unknown	Date of Birth:	
HCN:	Version Code:	
PRIMARY CARE PROVIDER		
Name:		Phone:
PRIMARY DIAGNOSIS		
Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF CANCER DIAGNOSIS OR A LIFE LIMITING ILLNESS		
Metastatic Spread: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:		
Ongoing Treatment: <input type="checkbox"/> Palliative <input type="checkbox"/> Curative		
Anticipated Prognosis: <input type="checkbox"/> 0 <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Uncertain		
OTHER DIAGNOSIS PERTINENT TO CARE		
Allergies:		
REASON FOR REFERRAL		
<input type="checkbox"/> Case Management Assessment Request		<input type="checkbox"/> Other:
Surgical Procedure:		Date of Surgery:
Hospital:	Unit/Extension:	EDD:
Is Patient/Family Aware of Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telehomecare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Related to: <input type="checkbox"/> COPD <input type="checkbox"/> CHF	
MEDICAL ORDERS		
Medical Treatment orders must be signed by an Ordering Physician/Nurse Practitioner		
NOTE: There are specific forms for: • Infusion Therapy • Narcotic Infusion Therapy		
Patient will be assessed for Nursing Clinic as appropriate for their treatment location		

PRINT FOR SIGNING & FAXING

ORDERING PHYSICIAN/NURSE PRACTITIONER	
CPSO/ CNO#:	
Print Name:	
Signature:	
Date:	

CONTACT INFORMATION FOR ORDERING PHYSICIAN	
Phone:	
Fax:	
After Hours:	

Central East Hospital Fax Lines

- Campbellford Memorial Hospital
Fax: 1-844-631-5800
- Haliburton Highlands Health Services
Fax: 1-844-709-3779
- Northumberland Hills Hospital
Fax: 1-844-631-5801
- Lakeridge Health Ajax Pickering
Fax: 905-444-2524
- Lakeridge Health Bowmanville
Fax: 1-844-631-5802
- Lakeridge Health Oshawa
Fax: 905-444-2516
- Lakeridge Health Port Perry
Fax: 1-844-631-5803
- Lakeridge Health Whitby
Fax: 905-444-2518
- Ontario Shores
Fax: 1-844-631-5803
- Markham Stouffville Uxbridge Site
Fax: 1-844-631-5803
- Peterborough Regional Health Centre
Fax: 1-855-444-9628
- Scarborough and Rouge Hospital – Birchmount Site
Fax: 1-844-631-5804
- Scarborough and Rouge Hospital – General Campus
Fax: 1-844-631-5805
- Scarborough and Rouge Hospital – Centenary Site
Fax: 1-844-631-5808
- Ross Memorial Hospital
Fax: 1-844-631-5806

