

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 LHIN hospital posters on each hospital unit

Name:		
Address:		Postal Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Phone:
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:	

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



Ontario

Central East Local Health Integration Network