Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

REFERRAL FOR CENTRAL VENOUS ACCESS DEVICE (CVAD) THROUGH REGIONAL CANCER PROGRAM

DEMOGRAPHICS			
Health Card Number:	Version Code:	Date of Birth (DD/MM/YYYY):	
Surname:	First name(s):		
Address:	City:	Province:	Postal Code:
Phone #:	Primary language: ☐ English ☐ French ☐ Other (specify):		
Gender: ☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown		Weight (kg):	Height (cm):
Name of Contact Person (if other than Patient):			
Phone #:	Relationship: ☐ POA/SDM ☐ Spouse ☐ Other (specify):		
HEALTH STATUS			
Relevant diagnosis:			
Infection control: ☐ MRSA Positive ☐ VRE Positive ☐ C diff ☐ TB ☐ Other (Specify):			
Type of CVAD: ☐ PICC ☐ HICKMAN ☐ PORTACATH ☐ Other (specify):			
Weight bearing status: ☐ Full-weight ☐ Non ☐ Partial (specify restrictions):			
CVAD CARE NEEDS			
☐ CVAD Dressing change ☐ Flush with 20 mL Sterile Sodium Chloride 0.9% weekly and PRN ☐ Other (specify): Requested/Specific schedule for PICC line care:			
CONSENT (MANDATORY)			
Consent for referral provided by: ☐ Patient ☐ SDM			
Is patient aware of referral to LHIN? ☐ Yes ☐ No			
Type of consent obtained: ☐ Verbal ☐ Written Date obtained (DD/MM/YYYY):			
Is patient aware that all CVAD care is done at a NELHIN outpatient clinic? ☐ Yes ☐ No			
Has CVAD line teaching been done by the Regional Cancer Program nurse? ☐ Yes ☐ No			
Has patient been instructed to carry their PICC ID/Maintenance Card ***and*** the CVAD tip confirmation report with them, at time of clinic appointments? ☐ Yes ☐ No			

Important Note: If the patient requires any additional services beyond outpatient nursing for CVAD care, the standard 'Referral for NE LHIN Services' form should be used.

☐ Additional Notes relating to the referral have been provided, see attached.

Printed Name _____ Signature/Designation _____ Date (DD/MM/YYYY) _____

☐ KIRKLAND LAKE	☐ NORTH BAY	☐ PARRY SOUND	☐ SAULT STE. MARIE	☐ SUDBURY	☐ TIMMINS
Fax : 705 567 9407	Fax: 705 474 0080	Fax: 1 855 773 4056	Fax: 705 949 1663	Fax: 705 522 3855	Fax: 705 267 7795