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

REFERRAL FOR NE LHIN SERVICES

Fax to:	Kirkland Lake	North Bay	Parry Sound	Sault Ste. Marie	Sudbury	Timmins
	705 567 9407	705 474 0080	1 855 773 4056	705 949 1663	705 522 3855	705 267 7795

☐ **PATIENT IS AGREEABLE TO REFERRAL TO LHIN.**

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):

Relevant diagnosis: | Reason for Referral:

Prognosis: ☐ Improve ☐ Remain Stable ☐ Deteriorate | Planned Hospital Discharge Date (DD/MM/YYYY):

Location and Type of wound (if any):

Infection control: ☐ MRSA Positive ☐ VRE Positive ☐ C-diff ☐ TB ☐ Other (Specify):

Surgical Procedure: | Surgical Date (DD/MM/YYYY):

Weight bearing status: ☐ Full-weight ☐ Non ☐ Partial | Activity/Mobility Restrictions:

SERVICES REQUESTED

☐ Nursing	☐ Enterostomal Therapist/NSWOC
☐ Personal Support	☐ Rapid Response Nursing (Sudbury, North Bay, Sault Ste. Marie, Elliot Lake, Timmins, Parry Sound)
☐ Occupational Therapy	☐ Telehomecare Nursing
☐ Physiotherapy	☐ Social Work
☐ Dietetics	☐ Speech-Language Pathology

Nurse Practitioner: ☐ Primary Care (Sudbury, North Bay, Sault Ste. Marie)
☐ Palliative Care (Sudbury, West Nipissing, Manitoulin Island, Kirkland Lake, Sault Ste. Marie, Timmins)

INFUSION THERAPY ORDERS: LHIN Care Coordinator will coordinate pharmacy dispensing. Radiologic Report confirming PICC line placement is required.

MEDICATION #1: Drug: | Dose: | Frequency:

Route: ☐ Subcutaneous ☐ Peripheral IV ☐ Central Line type: | # Lumens:

Date/Time Initial Dose Given (DD/MM/YYYY): | Date/Time Next Dose Due (DD/MM/YYYY):

Days Remaining: | Limited Use Code:

MEDICATION #2: Drug: | Dose: | Frequency:

Route: ☐ Subcutaneous ☐ Peripheral IV ☐ Central Line type: | # Lumens:

Date/Time Initial Dose Given (DD/MM/YYYY): | Date/Time Next Dose Due (DD/MM/YYYY):

Days Remaining: | Limited Use Code:

Site Care: ☐ As per Best Practice Guidelines Canadian Vascular Access Association and Registered Nurses Association of Ontario
☐ Other (Specify): | Next dressing change due (DD/MM/YYYY):

Flush Instructions: ☐ Local Nursing Provider Protocol ☐ Other (Specify):

For High Risk Medications Vancomycin/Aminoglycosides: ☐ Lab Requisition Provided to Patient

Date of Last Blood Work (DD/MM/YYYY): | Time (HH/MM): | Serum Creatinine Results:

Trough Level: | Blood Urea Nitrogen Level: | **Date of Next Blood Work Due (DD/MM/YYYY):**

Wound Care Orders: (LHIN Wound Care Pathways)

☐ Initiate NE LHIN wound-specific clinical pathways
☐ Wound Care as follows:
☐ Negative Pressure Wound Therapy (NPWT) | Dressing Size: ☐ Small ☐ Medium ☐ Large ☐ Extra Large
Foam Type: | Cycle: ☐ Intermittent ☐ Continuous | Pressure Setting mmHG:
In the event of NPWT failure, please provide back-up orders:

As a practitioner, I understand and agree that it is my responsibility to monitor and follow-up on blood work results to adjust the prescribed dosages and discontinue treatment when applicable.

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

Health Care Practitioner Name | CPSO # | Signature/Designation | Date (DD/MM/YYYY)