North Simcoe Muskoka
ccac casc
Community Care Access Centre
Centre d'accès aux soins communautaires du Simcoe Nord Muskoka

COPD & Heart Failure Telehomecare Referral Form

Please fax referral form(s) to: 705-792-6270

If required, Telehomecare staff will fax the referral form to the Primary Care Provider to verify and/or add any relevant information.

PATIENT INFORMATION

LAST NAME	FIRST NAME		DATE OF BIRTH (DD-MM-YYYY)
HEALTH CARD NUMBER (OHIP)		VC	GENDER MALE FEMALE
ADDRESS		CITY	
POSTAL CODE	PRIMARY PHONE NUMBER		
FIRST LANGUAGE	SECOND LANGUAGE		

ELIGIBILITY FOR TELEHOMECARE SERVICES

- ☐ Patient has an established diagnosis of Heart Failure or COPD (with or without co-morbid conditions).
- ☐ Patient lives in a residential setting with an active land line (internet or analog phone line).
- ☐ Health care provider feels the patient will be capable of using simple in-home monitoring equipment.
- ☐ Patient or family caregiver is able to provide informed consent to participate.

MAIN DIAGNOSIS FOR MONITORING

☐ COPD or ☐ Heart Failure

CO-MORBIDITIES

☐ Diabetes ☐ COPD ☐ Heart Failure ☐ Depression ☐ Hypertension

☐ Anxiety ☐ Arthritis ☐ Osteoporosis ☐ Cancer ☐ Other ____________

REFERRER'S INFORMATION

NAME	ORGANIZATION	NAME/ADDRESS STAMP
POSITION	OTHER DESCRIPTION	
ADDRESS		
PHONE NUMBER	FAX PHONE NUMBER	

PRIMARY CARE PROVIDER'S INFORMATION

☐ Same as above

NAME
ADDRESS

A complete and current medication list would be helpful. Please attach any additional information (consultant notes, lab or imaging reports, patient-specific health care challenges) if available.

REFERRER'S SIGNATURE ____________ DATE (DD-MM-YYYY) __/__/____

PRIMARY CARE PROVIDER'S SIGNATURE ____________ DATE (DD-MM-YYYY) __/__/____

NOTE: The information contained in this form is confidential. It contains personal health information that is subject to the provisions of the 'Personal Health Information Protection Act, 2004'. This form and its contents should not be distributed, copied or disclosed to any unauthorized persons. If you have accessed this form in error, please contact the owner or sender immediately.

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otn.telehomecare
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PHYSIOLOGIC PARAMETERS

The following patient vitals will be monitored:

CHF DEFAULT	SYSTOLIC BP	DIASTOLIC BP	OXYGEN SAT.	PULSE	WEIGHT (lbs.)
High	150	100	100	100	+2 lbs/ DAY
Low	90	60	92	50	-5 lbs/ DAY

COPD DEFAULT	SYSTOLIC BP	DIASTOLIC BP	OXYGEN SAT.	PULSE	WEIGHT (lbs.)
High	150	100	100	100	+5 lbs/ WEEK
Low	90	60	88	50	-5 lbs/ WEEK

The default parameters **ABOVE** will be used unless specific patient parameters are provided **BELOW**:

PATIENT	SYSTOLIC BP	DIASTOLIC BP	OXYGEN SAT.	PULSE
High				
Low				

MEDICATIONS

☐ Current medication list attached (or can be recorded below)

☐ Contact pharmacy for medication list

LIST MEDICATIONS AND/OR ADDITIONAL INSTRUCTIONS OR NOTES

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FOR HEALTHCARE PARTNERS

Telehomecare *Reference Guide*

Telehomecare **Coaching Stream**	Telehomecare **Monitoring Stream**
Length of stay: 6 months	**Length of stay**: 1-3 months
Eligibility Criteria: Low to Moderate COPD (**MRC Dyspnea Scale**: Grades 2,3,4) and/or CHF (**NYHA Functional Classification:** Class 2 – 3) +/- comorbidity of Diabetes	**Eligibility Criteria**: Moderate to Severe COPD (**MRC Dyspnea Scale**: Grades 3,4,5) and/or CHF (**NYHA Functional Classification:** Class 3 – 4) +/- comorbidity of Diabetes
Focus on: Daily monitoring of vitals, weekly self-management coaching and setting SMART goals via phone calls, monitoring alerts and following up with patient or physician to mitigate need for ED visit, faxing summary report of vitals to MRP monthly	**Focus on**: Daily monitoring of vitals, weekly phone call check-in with patient, monitoring alerts and following up with patient or physician to mitigate need for ED visit, faxing summary report of vitals to MRP every two weeks. *This stream supports patients through a transition (hospital to home), after an acute exacerbation or after a change in medication.*
Hours of operation: Monday-Friday, 8:30 a.m. to 4:30 p.m.	**Hours of operation**: 7 days a week, 8:30 a.m. to 4:30 p.m.
☐ I want to refer to the **Coaching Stream**	☐ I want to refer to the **Monitoring Stream**

Patients can transfer to the Coaching stream at the end of their 3 month Monitoring program to learn self management strategies and set SMART goals if they meet the eligibility criteria for the Coaching stream (see above).

Fax your Telehomecare Referral Form to 705-792-6270.

For any questions, contact the Telehomecare Team at 1-888-721-2222 Ext. 2225.

Ontario
North Simcoe Muskoka Local Health Integration Network
Réseau local d'intégration des services de santé de Simcoe Nord Muskoka

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