RESET

Ontario
Waterloo Wellington Local Health Integration Network

141 Weber Street South
Waterloo ON N2J 2A9
Phone (Intake): 519 883 5500
Fax (Intake): 519 883 5550
Toll Free Phone: 1 888 883 3313

Request for WWLHIN Services

Name _____
Address _____
City _____ PC _____
Phone _____ DOB _____
HCN _____ VC _____

OHIP: ☐ Yes ☐ No ☐ WSIB ☐ MVA

☐ **Referral from Community:** Phone Intake, complete this form in full, fax to Intake (phone & fax listed above)
☐ **Referral from Hospital:** Contact WWLHIN office, identify hospital/unit/floor _____, refer to back of this form for phone and fax numbers of WWLHIN hospital offices

☐ The client or lawfully authorized substitute decision-maker has consented to this referral
☐ Please contact the person below (if not the client) for assessment purposes due to:
☐ Hearing difficulties ☐ Language difficulties ☐ Interpreter Required If yes, what Language: _____
☐ Other _____
Contact Person _____ Relationship _____
Phone (H) _____ Phone (C) _____ Phone (W) _____
Primary Care Physician _____

Requested Service(s)

Wherever feasible, treatment will be taught to the patient/ caregiver and services reduced when appropriate.

☐ Dietetics
☐ Nursing
☐ RRN (complete WW586)
☐ Palliative Nursing(complete pg 2)
☐ Occupational Therapy
☐ Personal Support Services
☐ Physiotherapy
☐ Social Work
☐ Speech Language Pathology
☐ Care Coordination/System Navigation

Reason for Referral:

☐ Wound Care Best Practice Protocol
Wound Location: _____
***Note:** Wound Care products may be substituted to a comparable product based on the WLHIN's supply list*

Primary Diagnosis _____ Date _____
Secondary Diagnosis _____
☐ Current Medication List Attached ☐ Other Assessments Attached
Current Pharmacy: _____

For parenteral and infusion therapy (i.e., medication, hydration), please complete form WW525

Medical Orders:
☐ Drain Care _____
☐ Urinary Catheter Care: ☐ Irrigate with ☐ cc NS until clear ☐ Removal Date _____
☐ Reinsert if unable to void ☐ Size ____ Fr Catheter ☐ Change indwelling catheter ☐ Monthly ☐ Q 3 months ☐ Other

Name (please print) _____ ☐ MD ☐ RN(EC) Phone# (Private) _____
Signature _____ Date _____ Physician Billing/CNO# _____

Hospice Palliative Care (for individuals living with a life-threatening illness/diagnosis, at any age, requiring care for comfort, improving their quality of living, or relieving symptom management issues)

ESAS SCORES FROM LAST VISIT (10 equals worst possible for each symptom) **SYMPTOMS PRESENTING ON** _____/_____/_____

Pain ____ Fatigue ____ Nausea ____ Depression ____ Anxiety ____ Drowsiness ____ Appetite ____ Wellbeing ____ SOB ____

Is patient aware of this palliative referral? ☐ Yes ☐ No **Performance Score:** PPS _____ ☐ SRK (complete form WW094A)

☐ Palliative Physician (*Referral does not mean acceptance. MRP remains responsible. Care Coordinator (CC) will contact to clarify care required.*)

☐ Nurse Practitioner *(works collaboratively with MRP)* ☐ Spiritual Care Provider ☐ Community Support Services

Name (please print) _____ ☐ MD ☐ RN(EC) Phone# (Private) _____

Signature _____ Date _____ Physician Billing/CNO#_____

WWLHIN Hospital Offices:

CMH WWLHIN, Cambridge	Phone (519) 621-2330 x 4290	Fax (519) 621-4446
GGH WWLHIN, Guelph	Phone (519) 837-6440 x 2862	Fax (519) 767-2965
GRH FHC WWLHIN, Kitchener	Phone (519) 749-4300 x 7133	Fax (519) 894-8372
GRH KWHC WWLHIN, Kitchener	Phone (519) 749-4300 x 2789	Fax (519) 743-9783
NWHC GMH WWLHIN, Fergus	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC LMH WWLHIN, Mount Forest	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC PDH WWLHIN, Palmerston	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
SJHC WWLHIN, Guelph	Phone (519) 824-6000 x 4366	Fax (519) 823-9960
SMGH WWLHIN, Kitchener	Phone (519) 749-6578 x 1186	Fax (519) 749-6800