

COPD & Heart Failure Telehomecare Referral Form

Please fax referral forms(s) to: 905-444-2555
or 1-855-352-2555

PATIENT INFORMATION

Referral Date (DD MM YYYY): _____ / _____ / _____

LAST NAME		FIRST NAME		DATE OF BIRTH (DD MM YYYY)	
MRN	HEALTH CARD NUMBER (OHIP)		VC	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	
ADDRESS			CITY		
POSTAL CODE		PRIMARY PHONE NUMBER			
FIRST LANGUAGE		SECONDARY CONTACT & PHONE NUMBER			

ELIGIBILITY FOR TELEHOMECARE SERVICES

- Patient has an established diagnosis of Heart Failure or COPD (with or without co-morbid conditions).
- Patient has a fixed address and a phone.
- The patient is capable of managing monitoring equipment (BP and O2 monitors, scale). The patient is able to read and answer questions (yes/no multiple choice) using a computer tablet.
- Patient meets criteria for Virtual COPD clinic (CONFIRMED diagnosis of COPD with exacerbations leading to ED visit or hospitalization)

Patient consents to participate in Telehomecare*

Patient consents to participate in Patient Experience Survey

Opt out of Survey

Patient Signature: _____

(*Monitoring equipment will NOT be delivered unless patient has provided written consent)

Verbal consent obtained

MAIN DIAGNOSIS FOR MONITORING

COPD Heart Failure BP Cuff Size Required: S M L

CO-MORBIDITIES

Diabetes COPD Heart Failure Depression Hypertension CKD
 Anxiety Arthritis Osteoporosis Cancer Other _____

REFERRER'S INFORMATION

I would like to receive patient reports _____

NAME		ORGANIZATION	CPSO/CNO NUMBER	SIGNATURE
POSITION	OTHER DESCRIPTION		NAME/ADDRESS STAMP	
ADDRESS				
PHONE NUMBER	FAX PHONE NUMBER			

PRIMARY CARE PROVIDER'S INFORMATION

Same as previous page

NAME	CPSO/CNO NUMBER
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.

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

MEDICATIONS

- Current medication list attached (or can be recorded below).
- Contact pharmacy for medication list

LIST MEDICATIONS AND/OR ADDITIONAL INSTRUCTIONS OR NOTES