HOME AND COMMUNITY CARE SUPPORT SERVICESCentral East

COPD & Heart Failure Telehomecare Referral Form

Please fax referral forms(s) to: 905-444-2555

or 1-855-352-2555

PATIENT INFORMATION	Referral Dat	e (DD MM YY)	(Y):	/ /
LAST NAME	FIRST NAME			DATE OF BIRTH (DD MM YYYY)
MRN	HEALTH CARD NUMBER (C	HIP)	vc	GENDER
				O MALE O FEMALE
ADDRESS			CITY	
POSTAL CODE	PRIMARY PHONE NU	MBER		
FIRST LANGUAGE	SECONDARY CONTAC	T & PHONE NUMBE	R	
ELIGIBILITY FOR TELEHOM	ECARE SERVICES			nts to participate in
☐ Patient has an established dia (with or without co-morbid co	_	טאט	elehomecare	er nts to participate in
☐ Patient has a fixed address an	·			ience Survey
☐ The patient is capable of man	•	: (BP 🗆 🗅 C	Opt out of Su	rvey
and O2 monitors, scale). The answer questions (yes/no mu tablet.			Patient Signat	ure:
 Patient meets criteria for Virted diagnosis of COPD with exace 		,		uipment will NOT be delivered as provided written consent)
hospitalization)			erbal conser/	nt obtained
MAIN DIAGNOSIS FOR M □ COPD □ Heart Failu		ed: □S □M	□L	
CO-MORBIDITIES				
☐ Diabetes ☐ COPD	☐ Heart Failure ☐ D	epression	☐ Hypertens	sion CKD
☐ Anxiety ☐ Arthritis	☐ Osteoporosis ☐ C	ancer	☐ Other	
REFERRER'S INFORMATIO	N □ I would like to receiv	e natient ren	orts	
				SIGNATURE
NAME	ORGANIZATION		PSO/CNO NUMBER	S
POSITION	OTHER DESCRIPTION	N	AME/ADDRESS STA	AMP
ADDRESS				
PHONE NUMBER	FAX PHONE NUMBER			



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Note: The information contained in this form is confidential. It contains personal

High 150 100 100 100 +2 lbs/DAY High 150 100 100 +5 lb WEE cow 90 60 92 50 -5 lbs/DAY Low 90 60 88 50 -5 lbs/WEE comparison of the provided Below: EDICATIONS Current medication list attached (or can be recorded below). Contact pharmacy for medication list	NAME								CPSO	CPSO/CNO NUMBER			
ase attach any additional information (consultant notes, lab or imaging reports, patient-specific health care allenges) if available. IVSIOLOGIC PARAMETERS e following patient vitals will be monitored: CHF SYSTOLIC DIASTOLIC OXYGEN PULSE (LBS.) Aigh 150 100 100 100 100 +2 lbs/DAY Low 90 60 92 50 -5 lbs/DAY e default parameters ABOVE will be used unless specific patient parameters are provided BELOW: PATIENT SYSTOLIC DIASTOLIC OXYGEN PULSE BP BP SAT. PULSE COPD SYSTOLIC DIASTOLIC OXYGEN PULSE (LBS.) High 150 100 100 100 100 +5 lb WEE Low 90 60 88 50 -5 lb WEE CHEROMORY ATTEMN SYSTOLIC DIASTOLIC OXYGEN PULSE BP BP SAT. PULSE COPD SYSTOLIC DIASTOLIC OXYGEN PULSE High 150 100 100 100 100 WEE Low 90 60 88 50 -5 lb WEE COPD SYSTOLIC DIASTOLIC OXYGEN PULSE FOR THE PULSE OXYGEN PULSE COPD SYSTOLIC DIASTOLIC OXYGEN PULSE COPD SYSTOLIC DIASTOLI	ADDRESS												
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The following patient vitals will be monitored: CHF		•			(,		-0 0 -1	, ,			
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ow 90 60 92 50 -5 lbs/ Low 90 60 88 50 -5 lbs/ WEE edefault parameters ABOVE will be used unless specific patient parameters are provided BELOW: SYSTOLIC DIASTOLIC OXYGEN PULSE PATIENT SYBP BP SAT. PULSE Current medication list attached (or can be recorded below). Contact pharmacy for medication list	CHF	SYSTOLIC BP	DIASTOLIC BP	OXYGEN SAT.	PULSE	WEIGHT (LBS.)		COPD DEFAULT	SYSTOLIC BP			PULSE	WEIGHT (LBS.)
e default parameters ABOVE will be used unless specific patient parameters are provided BELOW: PATIENT SYSTOLIC DIASTOLIC OXYGEN PULSE BP SAT. PULSE Current medication list attached (or can be recorded below). Contact pharmacy for medication list	High	150	100	100	100			High	150	100	100	100	+5 lbs/ WEEK
EDICATIONS Current medication list attached (or can be recorded below). Contact pharmacy for medication list	.OW	90	60	92	50			Low	90	60	88	50	-5 lbs/ WEEK
EDICATIONS Current medication list attached (or can be recorded below). Contact pharmacy for medication list	defau	lt parame	eters ABO	VE will be	e used ui	nless spec	cific	patient pa	arameter	s are pro	vided BEL	-OW:	
Current medication list attached (or can be recorded below). Contact pharmacy for medication list	PATIENT	SYSTOLIC BP	DIASTOLIC BP	OXYGEN SAT.	PULSE	1							
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