

CKHA- OP	Patient Demographics	
Referral and Treatment Plan		
	Patient Name:	
□ Chatham Site □ Sarnia Site □ Windsor Site	□M □F DOB:	
Ph: 1-888-447-4468Ph: 1-888-447-4468Ph: 1-888-447-4468Fax:1-844-858-3546Fax:1-844-858-3546Fax:1-844-858-3546	(dd/mm/yy)	
	HCN:VC:	
Community:	Address/911:	
Hospital:Unit:	City:PC:	
Alternative Contact for Patient:	Phone:	
Relationship:Phone:		
□ Patient Agrees to Referral		
Service Needed: (Assessment by Ontario Health atHome to determine services in clinic or home)		
□ Nursing □Palliative Care □PSW □Telehomecare □Long Term Care □Dietician □Social Work □ PT □OT □SLP		
□ Behavioural Support Ontario (BSO) Reason for Referral:		
Diagnosis:		
□ NKA □Allergies/Sensitivities:		
Medical Orders		
Best practice/evidenced based practice will be initiated unless otherwise written. Wound care outside of evidenced based practice may not be eligible for Ontario Health atHome services. Treatment will be taught and service reduced when appropriate.		
Specify Wound: □Surgical □Malignant □Pilonidal □Traumatic □Venous Leg Ulcer □Arterial Leg Ulcer		
□ Diabetic Foot Ulcer □ Maintenance □ Non-Healing □ Other: Pressure injury: Stage: □1 □2 □3 □4		
IV Therapy: Peripheral PICC Midline – Catheter Length: Internal: cm External: cm		
□ Subcutaneous □Central Number of Lumens: □1 □2 □3		
Drug: Dose: Frequency: □ q24h □ q12h □ q8h □ q6h □ q4	h Othor:	
Duration of remaining community treatment: Days (number of) or Doses (number of) Last Dose in Hospital: Date: (dd/mm/yy) Time: Date: (Date: N/A		
Community Therapy to Start: Date: (dd/mm/yy)		
□Has received same medication and route within past 12 months		
□ Has NOT received medication within past 12 months - First Dose Parenteral Screener Completed □ REMDESIVIR: Patient qualifies for treatment per Ontario Health and MOH guidelines		
Start time may be delayed up to 8 hours if the next dose due is between midnight to 0800h.		

Additional Referral Information/ Specific Health Care Orders: (Infusion orders require frequency, dosage and duration)

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Print Name/Designation/Title

OHIP Billing Code 1

Date (dd/mm/yy)

CPSO/CNO Reg. Number

Phone Number

¹Physician use only. Applicable billing as outlined in the Schedule of Benefits for Physician Services under the Health Insurance Act.