



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

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

Request for Services

If initiating referral for HPC services, please use Form 031B, "Request for Hospice Palliative Care Services"

OHIP: Yes No WSIB FIHP MVA

Referral from Community: Phone Intake, complete this form in full, fax to Intake (phone & fax listed above)

Referral from Hospital: Contact OHaH office, identify hospital/unit/floor _____, contact information _____
Refer to back of this form for phone and fax numbers of Ontario Health atHome hospital offices

Response Requested By: _____ Contact: _____

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:

Capacity Hearing/Language difficulties Interpreter Required If yes, what Language: _____

Other _____

Contact Person _____ Relationship _____

Phone (H) _____ Phone (C) _____ Phone (W) _____

<p>Requested Service(s)</p> <p>Wherever feasible, treatment will be taught to the patient/ caregiver and services reduced when appropriate.</p> <p><input type="checkbox"/> Dietetics</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> RRN (complete WW586 *Hospital Only)</p> <p><input type="checkbox"/> Mental Health Nursing</p> <p><input type="checkbox"/> Occupational Therapy</p> <p style="padding-left: 20px;"><input type="checkbox"/> Wheelchair Assessment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Home Safety Assessment</p> <p><input type="checkbox"/> Personal Support Services</p> <p><input type="checkbox"/> Physiotherapy</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Speech Language Pathology</p> <p><input type="checkbox"/> Care Coordination/System Navigation With Palliative Approach to Care</p>	<p>Reason for Referral:</p> <p><input type="checkbox"/> Wound Care Best Practice <input type="checkbox"/> Total Contact Casting (TCC)</p> <p>Wound Location _____</p> <p><i>Note: Wound Care products may be substituted to a comparable product based on the WLHIN's supply list</i></p> <p>Primary Diagnosis _____ Date _____</p> <p>Secondary Diagnosis _____</p> <p>Primary Care Provider _____</p> <p style="text-align: center;"><input type="checkbox"/> Current Medication List Attached <input type="checkbox"/> Other Assessments Attached</p> <p>Current Pharmacy _____</p>
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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# _____

Ontario Health atHome Hospital Offices:

CMH OHaH, Cambridge	Phone (519) 621-2330 x 4290	Fax (519) 621-4446
GGH OHaH, Guelph	Phone (519) 837-6440 x 2862	Fax (519) 767-2965
GRH FHC OHaH, Kitchener GRH	Phone (519) 749-4300 x 7133	Fax (519) 894-8372
KWHC OHaH, Kitchener NWHC	Phone (519) 749-4300 x 2789	Fax (519) 743-9783
GMH OHaH, Fergus	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC LMH OHaH, Mount Forest	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
NWHC PDH OHaH, Palmerston	Phone (519) 883-5500 (Intake)	Fax (519) 883-5550
SJHC OHaH, Guelph	Phone (519) 824-6000 x 4366	Fax (519) 823-9960
SMGH OHaH, Kitchener	Phone (519) 749-6578 x 6560	Fax (519) 749-6800