

Medical Referral Form Guidelines  
For Adult Patients

Field	Content
<b>Patient Demographics</b>	<b>Place an Addressograph Label or at least two patient identifiers (i.e., patient first and last name and Health Card Number)</b>
Patient Name	Enter patient's surname and first name
Address	Enter street name and number of the house
City	Enter name of city or town
Postal Code	Enter postal code
Telephone	Enter patient's phone number where she/he can be reached
DOB (yyyy/mm/dd)	Enter patient's date of birth
HCN	Enter the patient's HCN
VER	Enter the patient's HCN version code if applicable
<b>Alternate Contact &amp; phone #</b>	Enter an alternate contact name and phone number
<b>Diagnosis; surgical procedure and date; reason for referral; other relevant diagnoses</b>	<ul style="list-style-type: none"> <li>• Enter diagnosis most relevant to the referral</li> <li>• Enter the surgical procedure or treatment and date</li> <li>• Enter other relevant medical hx</li> </ul>
<b>Communicable Diseases</b>	<ul style="list-style-type: none"> <li>• Answer yes or n/a; enter any communicable diseases if yes</li> </ul>
<b>Medication List:</b>	<ul style="list-style-type: none"> <li>• Check if list attached</li> </ul>
<b>Cumulative Patient Profile in Family Practice attached</b>	<ul style="list-style-type: none"> <li>• Check if profile is attached</li> </ul>
<b>Patient is homebound</b>	<ul style="list-style-type: none"> <li>• Check if patient is homebound</li> </ul>
<b>Allergies</b>	<ul style="list-style-type: none"> <li>• Enter all known allergies</li> </ul>
<b>Prognosis</b>	<ul style="list-style-type: none"> <li>• Note whether the patient's prognosis is less than 1 year OR greater than 1 year</li> <li>• Indicate 'yes' or 'no' as to if prognosis was discussed with patient/family</li> </ul>
<b>Medication to be administered by Home and Community Care Support Services:</b> Note: Same day medication orders must be received by Home and Community Care Support Services by 1300 hrs.	Include: drug, limited use code (if needed), dose, frequency and route of administration <b>Mandatory Fields:</b> <ul style="list-style-type: none"> <li>• <b>Last dose given in Hospital: date and time</b></li> <li>• <b>Next dose due in Community: date and time</b></li> <li>• <b>Length of therapy to be given by Home and Community Care Support Services in days</b></li> <li>• <b>Lab (result, monitor play &amp; requisition)</b></li> </ul>
<b>Best Practice Guidelines for IV Management will be followed unless specific orders are specified:</b>	Best Practice Protocols (information only)
<b>IV Route Access Device</b>	Check IV appropriate Access Route box
<b>New Central Line Tip Confirmed</b>	<ul style="list-style-type: none"> <li>• Check box that tip was confirmed at time of insertion in radiology</li> <li>• If documentation is available please send</li> </ul>
<b>Medication doses can be staggered to accommodate clinic hours</b>	<ul style="list-style-type: none"> <li>• Answer yes/no</li> </ul>
<b>Catheter re-insertion if patient unable to void following removal</b>	<ul style="list-style-type: none"> <li>• Answer yes/no</li> </ul>
<b>Service Requested</b>	<ul style="list-style-type: none"> <li>• Treatments will be taught and services reduced when appropriate</li> </ul>

Field	Content
<b>Nursing Wound Care</b>	<ul style="list-style-type: none"> <li>• Indicate wound</li> <li>• When appropriate indicate last ABPI measurement and date</li> </ul>
<b>Nursing – Other</b>	<ul style="list-style-type: none"> <li>• Enter all other nursing orders</li> </ul>
<b>Other Services Requested</b>	Check appropriate service(s): <ul style="list-style-type: none"> <li>• Telehomecare</li> <li>• Lab</li> <li>• Personal Support</li> <li>• Dietician</li> <li>• Social Work</li> <li>• Therapies</li> </ul>
<b>Degree of Weight Bering</b>	If ordering Physiotherapy indicate the patient’s weight bearing status
<b>Referring Physician/Nurse Practitioner</b>	Print and sign first name, last name and include phone number, date and CPSO#
<b>Alternate Most Responsible Physician / Nurse Practitioner</b>	Print first name, last name and include phone number and date