

### Telehomecare – Remote Monitoring Program Referral Form

Please fax to: 613-745-8243 or 1-855-450-8569

**Referral for:**

<input type="checkbox"/> Remote Monitoring COPD
<input type="checkbox"/> Remote Monitoring Heart Failure
<input type="checkbox"/> Remote Monitoring COVID-19
<input type="checkbox"/> Remote Monitoring Diabetes
<input type="checkbox"/> Enhanced In-Home Remote Monitoring COPD <b>Pilot with Hôpital Montfort</b>
<input type="checkbox"/> Enhanced In-Home Remote Monitoring Heart Failure <b>Pilot with Hôpital Montfort</b>
<input type="checkbox"/> Enhanced In-Home Remote Monitoring ALC <b>Pilot with Hôpital Montfort</b>
<input type="checkbox"/> Enhanced In-Home Remote Monitoring Diabetes <b>Pilot with Hôpital Montfort</b>
<input type="checkbox"/> Enhanced In-Home Remote Monitoring Cellulitis or Osteomyelitis <b>Pilot with Hôpital Montfort</b>
*Enhanced program includes: RRN visits, Remote Monitoring, Community Paramedics, Hospital partnership
<input type="checkbox"/> <b>MANDATORY</b> For Enhanced In-Home Remote Monitoring – Hôpital Montfort has faxed Referral to Ottawa Community Paramedics or Prescott Russell Community Paramedics
<b>***For nursing, PSS, OT, PT, dietician, SW or SLP, use the Home and Community Care Support Services -Champlain Medical Referral Form or the Infusion Therapy/Venous Access Referral Form ***</b>

**Patient Information**

**Referral Date:**

**Planned Discharge Date:**

Last Name		First Name		Date of Birth (DD MM YYYY)	
Health Card Number (OHIP)			VC	Gender	
Address			City		
Postal Code	Primary Phone Number		Mobile Number		
First Language			Second Language		

**Eligibility for Telehomecare Services**

- Patient has an established diagnosis (for COVID-19, probable cases accepted)
- Health care provider feels patient will benefit from Telehomecare.
- Frequent ED visits/ hospital admissions/ visits to primary care provider and/or difficulty managing symptoms of disease (i.e., anxiety, shortness of breath, edema).
- Patient or caregiver is able to provide informed consent to participate

<b>Main Diagnosis for Monitoring</b>	<input type="checkbox"/> COPD	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> COVID-19	<input type="checkbox"/> Diabetes
<b>Co-morbidities</b>				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> COPD	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Depression	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other

The information contained in this form is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

Physiologic Parameters the following patient vitals will be monitored:

Heart Failure 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	Weight (lbs.)
High					
Low					

**Referrer's Information** I would like to receive patient reports  Yes  No

Name	Position	CPSO/CNO Number
Organization	Name / Address Stamp	
Address		
Phone Number		

**Primary Care Provider's Information**  Same as above

Is PCP interested in receiving patient reports?  Yes  No  N/A

Name	Position	CPSO/CNO Number
Organization	Name/Address Stamp	
Address		
Phone Number		

If available, please attach any additional information (consultant notes, lab or imaging reports, patient-specific health care challenges).

**Medications**

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

List medications and/or additional instructions or notes