Clear Form Print Form

Ontario Health atHome

COPD & Heart Failure Telehomecare Referral Form

Please fax referral form(s) to: 416-217-1439
For inquiries contact Ontario Health atHome : 416-217-3841

OHIP BILLING CODE FOR HOME AND ONTARIO HEALTH ATHOME REFERRALS: K070
If required, Telehomecare staff will fax the referral form to the Primary Care Provider to verify and/or add any relevant information.

PATIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH (DD-MM-YYYY)

HEALTH CARD NUMBER (OHIP)	VC	GENDER
		◯ MALE ◯ FEMALE

ADDRESS	CITY

POSTAL CODE	PRIMARY PHONE NUMBER

FIRST LANGUAGE	SECOND LANGUAGE

ELIGIBILITY FOR TELEHOMECARE SERVICES

- ☐ Patient has an established diagnosis of Heart Failure or COPD (with or without co-morbid conditions).
- ☐ Patient lives in a residential setting with an active land line (internet or analog phone line).
- ☐ Health care provider feels the patient will be capable of using simple in-home monitoring equipment.
- ☐ Patient or family caregiver is able to provide informed consent to participate.

MAIN DIAGNOSIS FOR MONITORING

☐ COPD or ☐ Heart Failure

CO-MORBIDITIES

☐ Diabetes ☐ COPD ☐ Heart Failure ☐ Depression ☐ Hypertension
☐ Anxiety ☐ Arthritis ☐ Osteoporosis ☐ Cancer ☐ Other _____

REFERRER'S INFORMATION

NAME	ORGANIZATION	NAME/ADDRESS STAMP

POSITION	OTHER DESCRIPTION
Other	

ADDRESS

PHONE NUMBER	FAX PHONE NUMBER

PRIMARY CARE PROVIDER'S INFORMATION

☐ Same as above

NAME

ADDRESS

A complete and current medication list would be helpful. Please attach any additional information (consultant notes, lab or imaging reports, patient-specifi c health care challenges) if available.

REFERRER'S SIGNATURE DATE (DD-MM-YYYY)

PRIMARY CARE PROVIDER'S SIGNATURE DATE (DD-MM-YYYY)

Rebranded on June 28 2024

PHYSIOLOGIC PARAMETERS

The following patient vitals will be monitored. **Unless specified below**, the default parameters will be used.

	DEFAULT MINIMUM	DEFAULT MAXIMUM	MINIMUM	MAXIMUM
Systolic BP	90	140		
Diastolic BP	60	90		
Pulse	50	100		
Oxygen Sat.	92	100		
Weight	Weight is monitored against baseline weight. Alerts will be triggered based on the following parameters: Heart Failure Monitoring (>2lb. weight gain or <5lb. weight loss); COPD Monitoring (>5lb. weight gain or <5lb. weight loss)			

MEDICATIONS

☐ Current medication list attached (or can be recorded below)

☐ Contact pharmacy for medication list

LIST MEDICATIONS AND/OR ADDITIONAL INSTRUCTIONS OR NOTES