

HOME AND COMMUNITY CARE SUPPORT SERVICES

Waterloo Wellington

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

Request for Services

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

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

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 WWLHIN office, identify hospital/unit/floor _____, contact information _____
refer to back of this form for phone and fax numbers of WWLHIN 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) _____

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

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# _____

WWLHIN Hospital Offices:

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