

Health Care Practitioner Name

REFERRAL FOR NE LHIN SERVICES

North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Ext

Fax to: Kirkland Lake North Bay Parry Sound 705 567 9407 705 474 0080 1 855 773 4056

 Sault Ste. Marie
 Sudbury
 Timmins

 705 949 1663
 705 522 3855
 705 267 7795

PATIENT IS AGREEABLE TO REFERRAL TO LHIN.					
Health Card Number:	Version Code: Date of Birth (DD/MM/YYYY):		Y):		
Surname:	First name(s):				
Address:	City:		Province:	Postal Code:	
Phone #:	Primary Language	: English	French Othe	r (specify):	
Gender: Male Female Undifferentiated	Unknown	Weight	(kg):	Height (cm):	
Name of Contact Person (if other than Patient):					
Phone #: Relationship: POA/SDM Spouse Other (specify):					
Relevant diagnosis: Reason for Referral:					
Prognosis: Improve Remain Stable Deteriorate Planned Hospital Discharge Date (DD/MM/YYYY):					
Location and Type of wound (if any):					
Infection control: MRSA Positive VRE Positive C-diff TB Other (Specify):					
Surgical Procedure: Surgical Date (DD/MM/YYYY):					
Weight bearing status: Full-weight Non Partial Activity/Mobility Restrictions:					
SERVICES REQUESTED					
Nursing		Enterostom	nal Therapist/NSWO	C	
Personal Support	Rapid Response Nursing (Sudbury, North Bay, Sault Ste. Marie, Elliot Lake, Timmins, Parry Sound)			ry, North Bay, Sault Ste. Marie,	
Occupational Therapy		Telehomecare Nursing			
Physiotherapy		Social Worl	<		
Dietetics		Speech-Lan	guage Pathology		
INFUSION THERAPY ORDERS: LHIN Care Coordinator will coordinate pharmacy dispensing. Radiologic Report confirming PICC line placement is required.					
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CPSO#

Signature/Designation

Date (DD/MM/YYYY)