

Referral for NE LHIN Services

Surname: _____	First Name: _____
CCAC Client #: _____	Date of Birth (DD/MM/YYYY): _____
<input type="text"/>	<input type="text"/>
HCN: _____	Version Code _____
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Client agreeable to referral to LHIN.	Diagnosis: _____
Address: _____	P.O. Box: _____
Town/City: _____	Postal Code: _____
Phone (Home): _____ (Work): _____	Phone (Cell): _____
Prognosis: <input type="checkbox"/> Improve <input type="checkbox"/> Remain Stable <input type="checkbox"/> Deteriorate <input type="checkbox"/> End of Life-PPS: _____ <input type="checkbox"/> DNR in place	
Oncology Patient: <input type="checkbox"/> No <input type="checkbox"/> Yes - Cancer type/staging: _____ Treatment: <input type="checkbox"/> Curative <input type="checkbox"/> Palliative	
Surgical Procedure: _____ Date: _____ (DD/MM/YYYY)	Planned Hospital Discharge Date: _____ (DD/MM/YYYY)
Allergies: _____	
Services Requested:	Specific Orders/Request:
<input type="checkbox"/> Nursing	<input type="checkbox"/> Symptom Relief Kit (where applicable)
<input type="checkbox"/> Personal Support	
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Full-weight bearing
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Non-weight bearing
<input type="checkbox"/> Social Work	<input type="checkbox"/> Partial-weight bearing
<input type="checkbox"/> Speech-Language Pathology	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Enterostomal Therapist	
<input type="checkbox"/> Telehomecare Nursing	
<input type="checkbox"/> Rapid Response Nursing	<input type="checkbox"/> where applicable
<input type="checkbox"/> Nurse Practitioner <i>Primary Care</i>	<input type="checkbox"/> Sudbury <input type="checkbox"/> North Bay <input type="checkbox"/> Sault Ste. Marie
<input type="checkbox"/> Nurse Practitioner <i>Palliative Care (<12 months)</i>	<input type="checkbox"/> Sudbury <input type="checkbox"/> West Nipissing <input type="checkbox"/> Sault Ste. Marie <input type="checkbox"/> Timmins <input type="checkbox"/> Kirkland Lake
IV INFUSION ORDER : <input type="checkbox"/> Central Line Type: _____ <input type="checkbox"/> Peripheral Line	
*Radiologic report confirming PICC line placement must accompany the referral.	
Drug _____ Dose: _____	Drug _____ Dose: _____
Frequency: _____	Frequency: _____
Date/Time Initial Dose Given: _____	Date/Time Initial Dose Given: _____
Next Dose Due: _____	Next Dose Due: _____
Number of Doses to be Given: _____	Number of Doses to be Given: _____
FLUSH INSTRUCTIONS: <input type="checkbox"/> PER local protocol	<i>Site care shall be done per CVAA (Canadian Vascular Access Association) Best Practice Guidelines.</i>
OR	
<input type="checkbox"/> Normal Saline _____ ml	<input type="checkbox"/> Peripheral 5ml normal saline
<input type="checkbox"/> Heparin 100u/ml _____ ml	<input type="checkbox"/> Central Line (CVAD) 10-20 ml _____
<i>As a practitioner, I understand and agree that it is my responsibility to monitor and follow-up on blood work results to adjust the prescribed dosages and discontinue the treatments when applicable.</i>	
Referring Party Name/Designation (Print): _____	
Referring Party Signature: _____	Date (DD/MM/YYYY): _____

Please provide the most current medication list upon referral to the NE LHIN.

<input type="checkbox"/> KIRKLAND LAKE BRANCH 53 Government Road W. Kirkland Lake ON P2N 2E5 Tel: 705 567 2222 888 602 2222 Fax: 705 567 9407	<input type="checkbox"/> NORTH BAY BRANCH 1164 Devonshire Ave. North Bay ON P1B 6X7 Tel: 705 476 2222 888 533 2222 Fax: 705 474 0080	<input type="checkbox"/> PARRY SOUND BRANCH 70 Joseph St. Unit 105/106 Parry Sound ON P2A 2G5 Tel: 705 773 4602 800 440 6762 Fax: 705 773 4056	<input type="checkbox"/> SAULT STE. MARIE BRANCH 390 Bay St., 2 nd Floor Sault Ste. Marie ON P6A 1X2 Tel: 705 949 1650 800 668 7705 Fax: 705 949 1663	<input type="checkbox"/> SUDBURY BRANCH 40 Elm St., Suite 41-C Sudbury ON P3C 1S8 Tel: 705 522 3461 800 461 2919 Fax: 705 522-3855	<input type="checkbox"/> TIMMINS BRANCH 330 Second Ave., Suite 101 Timmins ON P4N 8A4 Tel: 705 267 7766 888 668 2222 Fax: 705 360 5554
---	--	--	--	--	--