

Name:		
Address:		Postal Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> undifferentiated <input type="checkbox"/> unknown	Date of Birth:	
HCN:		Phone:
Version Code:		
PRIMARY CARE PROVIDER		
Name:		Phone:
PRIMARY DIAGNOSIS		
Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF CANCER DIAGNOSIS OR A LIFE LIMITING ILLNESS		
Metastatic Spread: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:		
Ongoing Treatment: <input type="checkbox"/> Palliative <input type="checkbox"/> Curative		
Anticipated Prognosis: <input type="checkbox"/> 0 <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Uncertain		
OTHER DIAGNOSIS PERTINENT TO CARE		
Allergies:		
REASON FOR REFERRAL		
<input type="checkbox"/> Case Management Assessment Request		<input type="checkbox"/> Other:
Surgical Procedure:		Date of Surgery:
Hospital:	Unit/Extension:	EDD:
Is Patient/Family Aware of Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telehomecare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Related to: <input type="checkbox"/> COPD <input type="checkbox"/> CHF	
MEDICAL ORDERS		
Medical Treatment orders must be signed by an Ordering Physician/Nurse Practitioner		
NOTE: There are specific forms for: • Infusion Therapy • Narcotic Infusion Therapy		
Patient will be assessed for Nursing Clinic as appropriate for their treatment location		

PRINT FOR SIGNING & FAXING

ORDERING PHYSICIAN/NURSE PRACTITIONER	
CPSO/ CNO#:	
Print Name:	
Signature:	
Date:	
CONTACT INFORMATION FOR ORDERING PHYSICIAN	
Phone:	
Fax:	
After Hours:	

Hospital Fax Lines
<input type="checkbox"/> Campbellford Memorial Hospital Fax: 1-844-631-5800
<input type="checkbox"/> Haliburton Highlands Health Services Fax: 1-844-709-3779
<input type="checkbox"/> Northumberland Hills Hospital Fax: 1-844-631-5801
<input type="checkbox"/> Lakeridge Health Ajax Pickering Fax: 905-444-2524
<input type="checkbox"/> Lakeridge Health Bowmanville Fax: 1-844-631-5802
<input type="checkbox"/> Lakeridge Health Oshawa Fax: 905-444-2516
<input type="checkbox"/> Lakeridge Health Port Perry Fax: 1-844-631-5803
<input type="checkbox"/> Lakeridge Health Whitby Fax: 905-444-2518
<input type="checkbox"/> Ontario Shores Fax: 1-844-631-5803
<input type="checkbox"/> Markham Stouffville Uxbridge Site Fax: 1-844-631-5803
<input type="checkbox"/> Peterborough Regional Health Centre Fax: 1-855-444-9628
<input type="checkbox"/> Scarborough and Rouge Hospital – Birchmount Site Fax: 1-844-631-5804
<input type="checkbox"/> Scarborough and Rouge Hospital – General Campus Fax: 1-844-631-5805
<input type="checkbox"/> Scarborough and Rouge Hospital – Centenary Site Fax: 1-844-631-5808
<input type="checkbox"/> Ross Memorial Hospital Fax: 1-844-631-5806

PRINTABLE COPY