HOME AND COMMUNITY CARE SUPPORT SERVICES
Mississauga Halton

REFERRAL FORM

Save

Anyone can make a referral to Home and Community Care Support Services (HCCSS). Physician signature only required for nursing and physiotherapy weight bearing. Note: To ensure patient safety and care continuity, please complete this referral form in full. Palliative referrals are to use palliative CS PAL form.

Referral information:

○ Community Referral

○ Hospital Referral

Planned Date of hospital discharge:

Name of person referring:

Contact Information:

Reasons for Referral:

Diagnosis/Significant Medical Information:

Patient Demographics: affix label if appropriate

Patient Name:

Home Address:

DOB: HCN:

Phone: Gender: ○ Male ○ Female

Allergies:

Diabetic: ○ Yes ○ No

Service Requested	**Note: Treatments will be taught and services reduced when appropriate** **Wound care products may be substituted to a comparable product based on HCCSS MH supply formulary**
☐ **Nursing - Wound Care** **Ambulatory Patients will receive their nursing care in a HCCSS Nursing Clinic.**	For all wound care order include wound etiology and wound dimensions ☐ Nursing to Assess and Treat ☐ Specific Wound Care Orders:
☐ **Nursing - IV**	**IV Medication:** Name of Medication: Dose: Frequency: Duration: Date & Time Last Dose Given: Route: ○ PICC ○ Port-A-Cath ○ Peripheral IV
	Screening for 1st dose administration at home 1) History of serious adverse or allergic reaction to the prescribed medication or related compound? ○ Yes ○ No 2) Patient currently on beta-blockers, A.C.E Inhibitors and anti-adrenergic drugs? ○ Yes ○ No **If NO to both above - Ok to administer 1st dose in home?** ○ Yes ○ No
IV Access Route Care: (All Heparin orders please indicate in IV Additional Specific orders)	○ **Peripheral**: Flush 2-3cc 0.9% NS OD **Tubing Change**: Q3 Days **Dressing**: Q weekly PRN
	○ **Valved PICC**: Flush 0.9 % NS 10 ml **Frequency:** after each access or weekly if not it use **Dressing & Cap Change**: Q weekly PRN ○ **Non-Valved PICC:** Flush 0.9% NS 10ml followed by 300 units of Heparin. **Frequency**: after each use or weekly if not in use. **Dressing and Cap Change**: Q weekly &PRN
	○ **Port-a-cath**: Flush 0.9% NS10-20/ml followed by 500 units of Heparin **Frequency:** After each use or every 4 weeks if not in use. **Dressing & Gripper Change**: Q7 weekly & PRN **Gripper Size**:
	IV Additional Specific Orders: (eg: Hickman, Midline, any additional Heparin orders)
☐ **Nursing – Other** **e.g. Catheter,Ostomy, drains, etc.**	**Foley Catheter Care**: Type of Catheter (i.e., coude, silicone, etc.): Size (i.e., 14fr, 16fr.): Date of Insertion: Frequency of Change: Additional orders (:e.g., trial void): Other Nursing Orders:
☐ **Physiotherapy**	Degree of Weight Bearing: ○ Partial ○ Full ○ Progressive ○ None
☐ **Speech Language Pathology** ☐ **Occupational Therapy** ☐ **Personal Support** (e.g., bathing, dressing) ☐ **Social Work** ☐ **Dietetic Service** ☐ **Rapid Response Nurse** ☐ **Navigation to Community Supports** ☐ **Caregiver Respite**	Indicate area of need as applicable for any Service Request: ***COVID19 Therapeutics*** ☐ Patient qualifies for Remdesivir treatment as per Science Table guidelines (If the patient does not qualify, an alternative treatment will need to be sourced) ☐ Remdesivir - 200 mg IV on Day 1, 100 mg IV daily for on days 2 and 3 Date of symptom onset: Is patient on beta-blockers? Yes ☐ No ☐ - If yes, does the benefit of Remdesivir treatment outweigh risk? Yes ☐ No ☐
☐ **Assessment**	☐ Long Term Care ☐ Short Stay ☐ Convalescent ☐ Adult Day Program
☐ Health Links	☐ Lives Alone ☐ Limited social network ☐ Community Service Use ☐ Finances ☐ Transportation ☐ Housing ☐ Mobility ☐ Home Bound

Physician/NP Signature required for Nursing and PT weight bearing:
Print Name and Phone number:

Billing Code:

Date:

HCCSS Mississauga Halton Main Office – 2655 North Sheridan Way, Mississauga, ON
Main Office Fax: (905) 855-8989 | Toll Free 1-877-298-8989 – *for Community and Hospital Emergency Departments*
Main Office Phone: (905) 855-9090 | Toll Free 1-877-336-9090 *Hospital in-patient: Use hospital HCCSS office fax number