MEDICAL INFORMATION FORM

HAMILTON NIAGARA HALDIMAND BRANT
COMMUNITY CARE ACCESS CENTRE
Niagara Branch

Hamilton Niagara Haldimand Brant
ccac casc

149 Hartzel Road
St. Catharines, ON
L2P 1N6
905-684-9441 or
1-800-263-5480
FAX: 905-684-8463

NAME:
ADDRESS:

PHONE:
DATE OF BIRTH:

HEALTH#: | | | | | | | | | VER#: _____ EXP: __/__/____ (D M YYYY)

CONTACT PERSON:

DIAGNOSIS (please print):

ALLERGIES

REASON FOR REFERRAL TO CCAC

DIAGNOSIS DISCUSSED
WITH PATIENT ☐ Yes ☐ No
WITH FAMILY ☐ Yes ☐ No

PROGNOSIS
IMPROVE ☐
REMAIN STABLE ☐
DETERIORATION ☐

SURGICAL PROCEDURE AND DATE:

PROGNOSIS DISCUSSED:
WITH PATIENT ☐ Yes ☐ No
WITH FAMILY ☐ Yes ☐ No

NON I.V. MEDICATIONS/OXYGEN (specify dosage, frequency & method of administration)

DEGREE OF WEIGHT BEARING:
☐ FULL ☐ PARTIAL
☐ FEATHER ☐ NONE
ACTIVITIES PERMITTED:
DIET:

Please Check if applicable
(see reverse for protocol):

MEDICAL ORDERS

(Treatment/protocol will be taught/reduced unless otherwise indicated)

☐ Venous Ulcer Protocol
☐ Pressure Ulcer Protocol
☐ Diabetic Foot Ulcer Protocol
☐ Surgical Protocol

PHYSICIAN'S NAME: _____ (Please Print) ADDRESS: _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____

Services

☐ Nursing ☐ Occupational Therapy ☐ Social Work ☐ Dietitian ☐ Case Management
☐ Physiotherapy ☐ Speech-Language Pathology ☐ Personal Support Services (Client must require assistance with personal care)

HNHB CCAC Assessment of the client's needs will determine the services to be provided.

Personal information requested by CCAC staff is collected under the authority of the Personal Health Information Protection Act 2004, the Long-Term Care Act 1964 and within Ministry of Health mandates for the purpose of providing services to clients. For information about the collection and use, contact the CCAC Privacy Officer at 310 Limeridge Rd. W. Hamilton, ON L9C 2V2 Telephone (905) 523-8600 or 1-800-450-8002