

Request for HNHB LHIN Home and Community Care Services

Patient Name: _____ **HCN:** _____ **VC:** _____
Address: _____ **City:** _____
Postal Code: _____ **Phone Number:** _____ **DOB:** _____

Referral from Community: Complete this form in full and fax to 1-866-655-6402
 Referral from Hospital: Complete this form in full and fax to hospital LHIN office, identify unit/floor: _____

The patient or lawfully authorized substitute decision maker has consented to this referral
 Please contact the person below (rather than the patient) for assessment, due to:
 Patient Preference Hearing Difficulties Cognitive Status
 Language Difficulties Other: _____

Contact Person: _____ Relationship: _____
 Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____
 Primary Care Physician: _____ Phone: _____

Primary Diagnosis: _____ **Date:** _____
Secondary Diagnosis: _____
Diagnosis Discussed: With Patient: Yes No With Family: Yes No
Prognosis: Improved Remain Stable Deterioration
Prognosis Discussed: With Patient: Yes No With Family: Yes No
Surgical Procedure: _____ **Date:** _____
Current Medications: Medication List Attached Health Profile Attached **WSIB Claim:** Yes No
Allergies: _____ **Special Diet:** _____
Wound Location: _____ Wound Care Best Practice Protocol
 NOTE: Wound Care products may be substituted to a comparable product based on the HNHB LHIN supply list
Weight Bearing: Full Partial Feather None **Activities Permitted:** _____

Completion of additional forms are required for the following protocols (select link to open form):
[Central Vascular Devices](#) [Vancomycin & Aminoglycoside Prescriptions](#) [Protocol for First Dose IV](#)

Reason for Referral:

<input type="checkbox"/> Activities of Daily Living	<input type="checkbox"/> Behavioural Supports (e.g. BSO)	<input type="checkbox"/> Chronic Disease Management
<input type="checkbox"/> Community Support Services/ Resources	<input type="checkbox"/> Dementia/ Memory Impairment	<input type="checkbox"/> HealthLink Patient
<input type="checkbox"/> Home Safety	<input type="checkbox"/> Housing Options	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Mobility/ Risk of Falls	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Palliative Care/ End of Life - PPS% : _____
<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Strengthening	<input type="checkbox"/> Speech Language Pathology
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Other: _____	

Medical Orders: **Same Day Request** *Additional information attached. Total Number of Pages:* _____

Indwelling Urinary Catheter Care: Size _____ Fr Catheter Irrigate with _____ cc NS prn Other: _____
 Change indwelling Catheter Monthly Q3 Months Removal Date _____ Reinsert if unable to void for _____ hrs
 Intermittent Urinary Catheter Care: Size _____ Fr Catheter Frequency _____

Thank you for your referral. HNHB LHIN will assess and work with your patient to develop a care plan that includes service location, frequency and health teaching to support independence. For questions please call 1 800 810 0000 from 8:30 am - 8:30 pm, 7 days a week.

Name: _____ **MD** **NP** **Telephone:** _____
 (Please Print)
Signature: _____ **Date:** _____ **CPSO/ CNO#:** _____

**Hamilton Niagara Haldimand Brant Local Health Integration Network
FAX Numbers**

All Community Referrals including Primary Care Providers please FAX Page 1 of this Form to:

HNHB LHIN Intake & Extended Hours 1-866-655-6402
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Hospital based referrals please FAX Page 1 of this Form to Hospital HNHB LHIN fax number:

Brantford

Brantford General	519-752-2186
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Burlington

Joseph Brant Hospital	905-637-7668
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Haldimand-Norfolk

Haldimand War Memorial Hospital	519-426-8410	Norfolk General Hospital	519-426-8410
West Haldimand General Hospital	519-426-8410		

Hamilton

Hamilton General Hospital	905-527-8094	Juravinski Hospital	905-387-4450
Juravinski Cancer Hospital	905-575-6311	McMaster University Medical Centre	905-529-2291
St. Joseph's Hospital, Charlton Site	905-522-2057	St. Joseph's Hospital, Mountain Site	905-388-9141
St. Peter's Hospital	905-549-8564		

Niagara

Douglas Memorial Hospital	905-991-0697	Greater Niagara General Hospital	905-374-1028
Greater Niagara General Hospital ED	905-374-1028	Hotel Dieu Shaver – Rehab Centre	905-685-0642
Port Colborne General Hospital	905-835-9404	St. Catharine's General Hospital	905-323-9763
St. Catharine's General Hospital ED	905-704-4766	Welland County Hospital	905-732-0098
Welland County Hospital ED	905-732-9753	West Lincoln Memorial Hospital	905-309-8576