CLEAR

Ontario Health atHome

Medical Referral - Paediatric (under 18 years of age)

Ontario Health atHome
15 Sperling Drive, Barrie, ON L4M 6K9
Tel: (705) 721-8010 Toll Free 1-888-721-2222
Fax: (705) 792-6270

Patients may have care in a nursing clinic and be taught their treatments based on nurses discretion.
This document will be included in the Patient record.

Paediatric Demographics		
Name:		
Parent/Guardian Name:		
Address:		
City:	Postal Code:	
Phone:	DOB:	Sex:
HCN:	Ver:	
Weight: Kg	**Height: cm**	
Alternate Contact Name:		
Alternate Contact Phone:		

Allergies: (drug, environmental, animal, food)

Diagnosis: (most relevant to care in community)

Diagnosis discussed with Family/Guardian ☐ Yes ☐ No Patient ☐ Yes ☐ No

Prognosis: (Improve, Remain stable, Deteriorate, Guarded)

Prognosis discussed with Family/Guardian ☐ Yes ☐ No Patient ☐ Yes ☐ No

Other Diagnosis/Presenting Problem:

Surgical Procedure or Treatment:

Current Medications: ☐ (attach current list) N/A ☐

Other Medical Orders:

Is this service requested at School? ☐ Yes ☐ No **If yes, school name:**

Requested Services to be Assessed by Ontario Health atHome:

☐ Nursing ☐ Physiotherapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Dietician ☐ Social Work

☐ Respiratory Therapy ☐ Lab (Patient has requisition and instructions) MUST attach Ministry of Health Lab requisition to this referral

Comments:

Signature of Physician/Nurse Practitioner:

Print Name: Signature: Phone: Date: CPSO #:

Telephone Order From Physician/Nurse Practitioner:

Taken By (print): Signature: Phone: Date of telephone order:

Fax completed **Ontario Health atHome** referral form to **(705) 792-6270** on: