

Surname	First Name	Health Card Number
---------	------------	--------------------

Route Information

Vascular Access (required for intravenous infusions)

Midline
 Implanted Port
 Central Venous Line (PICC, Hickman)

Insertion Date	# of lumen(s)	Valve <input type="radio"/> Yes <input type="radio"/> No	Central Venous Line Length (cm) Internal: External:	Central Venous Line Tip Location
Implanted Port Gripper Plus Size <input type="radio"/> 19G x 1.87 cm (0.75") <input type="radio"/> 20G x 1.87 cm (0.75") <input type="radio"/> 22G x 1.87 cm (0.75") <input type="radio"/> 22G x 2.5 cm (1") <input type="radio"/> Other (specify):		Insulin Information Glucometer Testing Frequency Insulin Order with Parameters Comments		

Flush/Lock Protocol (Note: Heparin or other locking solution will only be used if ordered by prescriber)

- Adult: Standard flushing protocol
- Adult: Alternative flushing protocol (specify):
- Pediatric: Flush protocol (Flush protocol must be individually specified for all pediatric patients):

Dressing Change Instructions

- Standard Dressing Protocol
- Alternative dressing protocol (specify):

Form Instructions

Complete and fax to Ontario Health atHome at 1-519-472-4045 or 1-855-223-2847

Orders are processed between 8:00 am – 8:00 pm (7days/week). Please allow 48 hours for orders to be processed.

Referral form must be completed in full to permit processing. Incomplete orders will be returned.

Declaration

Referrer Name and Designation	CPSO/CNO/College Registration	OHIP Billing Number
Telephone Number	Fax Number	
Office Address		
City	Postal Code	
Referrer Signature	Date Signed (YYYY-Month-DD)	

The information on the form is collected pursuant to the Personal Health Information Protection Act, 2004 ("the Act"). The information will be used for the purpose of assessing, planning, and delivering appropriate health services and supports pursuant to Section 37 of the Act. Questions about this collection should be directed to the Chief Privacy Officer of Ontario Health atHome.