

<b>Medical Order Form</b> Contact Number 1-800-810-0000 <i>See Page 2 for Fax Numbers</i>	Patient Name _____
	HC# _____ VC _____ DOB _____
	Address _____
	City _____ Province _____
	Postal Code _____ Phone # _____

**Patient Information**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Diagnosis of diabetes?  Yes  No Type: \_\_\_\_\_

Known Allergies \_\_\_\_\_

History of Drug Reaction:  Yes  No (specify) \_\_\_\_\_

If route is IV, indicate type of vascular device:  PIV  PICC  Midline  PORT  Other \_\_\_\_\_

*\*For Central Vascular Devices – Include Medical Order Form for Care & Maintenance*

**Prescription (include drug, dose, concentration, route, frequency, length of treatment, mitte and start date)**

**IV Medication/Infusion:** Patient is able to miss one dose due to inclement weather, loss of access, post hospital discharge arrangements, etc.

**Wound Care:** If not specified, nurse to assess and provide recommendations

**Indwelling Urinary Catheter:** Insertion Date \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_

**Standard maintenance for Indwelling or Suprapubic Catheter:** Change **latex** catheter monthly and PRN, Change **silastic and silicone – silicone coated** catheters every 3 months and PRN, Irrigate catheter with 50-150mL Normal Saline PRN

If size/type not specified, standard Foley catheter kit will be provided with #14/16 silicone coated catheter

**Remdesivir: Patient qualifies for treatment per Ontario Health and MOH guidelines**

**Prescriber (MD/NP) Information**

Name \_\_\_\_\_ CPSO/CNO # \_\_\_\_\_

Address \_\_\_\_\_ Contact Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Home and Community Care Support Services  
Hamilton Niagara Haldimand Brant  
FAX Numbers**

<b>All Community Referrals including Primary Care Providers please FAX Page 1 of this Form to:</b>	
HCCSS HNHB Intake & Extended Hours	1-866-655-6402

**For Hospital-based referrals please FAX Page 1 only directly to the appropriate HCCSS HNHB Hospital Office:**

<b>Brantford</b>			
Brantford General		519-752-2186	
<b>Burlington</b>			
Joseph Brant Hospital		905-637-7668	
<b>Haldimand-Norfolk</b>			
Haldimand War Memorial Hospital	519-426-8410	Norfolk General Hospital	519-426-8410
West Haldimand General Hospital	519-426-8410		
<b>Hamilton Hospital</b>			
Hamilton General Hospital	905-527-8094	St. Joseph's Hospital, Charlton Site	905-522-2057
Juravinski Cancer Centre	905-575-6311	St. Joseph's Hospital, Mountain Site	905-388-9141
Juravinski Hospital	905-387-4450	St. Peter's Hospital	905-549-8564
McMaster University Medical Centre	905-529-2291	West Lincoln Memorial Hospital	905-309-8576
<b>Niagara Hospital Sites</b>			
Fort Erie Site	905-991-0697	St. Catharine's Site	905-323-9763
Niagara Falls Site	905-374-1028	St. Catharine's Site ED	905-323-9763
Niagara Falls Site ED	905-374-1028	Welland Site	905-732-0098
Hotel Dieu Shaver – Rehab Centre	905-685-0642	Welland Site ED	905-732-0098
Port Colborne Site	905-835-9404		