Hamilton Niagara Haldimand Brant **LHIN** | **RLISS** de Hamilton Niagara Haldimand Brant

Request for HNHB LHIN Home and Community Care Services

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone _____ Contact Name _____ Contact Phone _____

☐ Community: Fax completed form to 1-866-655-6402 ☐ Hospital: Fax completed form to hospital LHIN office (see pg. 2);

Hospital Referrals: Unit/floor _____ Planned Hospital Discharge Date _____

☐ Bundle Holder Referral for Service – Hospital Site _____ Bundle Type _____

☐ 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 **Care** (Include location)_____

Note: If not specified, nurse will assess and provide recommendations. Wound care products may be substituted to a comparible product based on 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

☐ Activities of Daily Living	☐ Behavioural Supports (e.g. BSO)	☐ Chronic Disease Management
☐ Community Support Services/ Resources	☐ Dementia/ Memory Impairment	☐ Health Link Patient
☐ Home Safety	☐ Housing Options	☐ Medication Management
☐ Mobility/ Risk of Falls	☐ Pain Management	☐ Palliative Care/ End of Life - PPS% _____
☐ Social Isolation	☐ Strengthening	☐ Speech Language Pathology

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

☐ Indwelling Urinary Catheter Care: 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 50-100 mL Normal Saline PRN.

Note: if size/type not specified, standard foley catheter kit will be provided with #14 & 16 silicone coated catheter for nurse to use discretion

Thank you for your referral. The 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 Reg. # _____

Print Clear

Ontario

Version 21.001

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

For Hospital-based referrals please FAX Page 1 of this form directly to the appropriate HNHB LHIN Hospital Office:

Brantford	
Brantford General	519-752-2186

Burlington	
Joseph Brant Hospital	905-637-7668

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 Centre	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