HOME AND COMMUNITY CARE SUPPORT SERVICES Erie St. Clair

SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Érié St-Clair

		ESHC - ER	Patie	nt Demographics
Referral and Treatment Plan			Patient Name:	
☐ Chatham Site Ph: 1-888-447-4468 Fax:1-844-858-3546	☐ Sarnia Site Ph: 1-888-447-4468 Fax:1-844-858-3546	☐ Windsor Site Ph: 1-888-447-4468 Fax:1-844-858-3546	□M □F	
Community:				
Hospital:	Unit:		City:	PC:
Alternative Contact for F	Patient:		Phone:	
Relationship:	Phone:			
□Behavioural Support O Reason for Referral: □Diagnosis: □NKA □Allergies/S	ssment by HCCSS ESC are □PSW □Telehomec Ontario (BSO)	are □Long Term Care	□Dietician □Socia	
Specify Wound: □Surg □ Diabetic Foot Ulcer □	Maintenance □Non-He	nidal □Traumatic □Veraling □Other: eatheter Length: Interna	nous Leg Ulcer □/ Pressure inj	
Drug:				
Dose:F Duration of remaining of Last Dose in Hospital: Community Therapy to Complete first dose Patast time may be delay Additional Referral Inform	community treatment: Date: (dd/mm/yy) Start: Date: (dd/mm/yy) renteral Medication So red up to 8 hours if the	Days (no	umber of) or ie: Time: ose orders. tween midnight to	Doses (number of am □ pm □ N/A □am □ pm
Signature	 Print N	ame/Designation/Title	 9	OHIP Billing Code 1

Phone Number

Date (dd/mm/yy)