



INSTRUCTIONS FOR REFERRAL

1. Please ensure the below referral form is completed with order/order set, signed consent when indicated, and any supporting documentation attached.
2. Please fax the completed referral and all information to 613-345-8337.

NOTE: Incomplete referrals will be returned by fax and not processed until complete.

If a response has not been received within 3 business days, please contact 613 345 5649 ext. 51250

Date of Referral (YYYY/MM/DD): _____

Referring Provider Information

Referring Provider Name (please print):
Referring Provider Contact Number:
Referring Provider Fax Number:

Patient Demographics

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N (N= Gender neutral or choose not to disclose)	
Last Name:	First Name:
Health Card #/VC:	Date of Birth: (DD/MM/YYYY):
Contact Number:	Address:
City:	Postal Code:

Medical Information

Precautions: <input type="checkbox"/> MRSA <input type="checkbox"/> C-Diff Other: _____
Allergies: _____
Code Status <input type="checkbox"/> Full Code <input type="checkbox"/> DNR (DNR forms must be attached)

PHYSICIAN ORDERS

Procedure/Treatment	Check Below	Include completed documents as required below.
IV Antibiotics		Attach separate order**
IVIG		Attach Ontario MOH IVIG Request Form/Signed consent attached
Iron Sucrose/ Iron Isomaltsoside		BGH Order Set REQUIRED (Patient to bring Iron Sucrose to Appointment)***
Paracentesis		Attach separate order*
PICC insertion		BGH Order Set REQUIRED
PICC Unblock		Attach separate order
PRBC Blood Transfusion		Attach separate order/Signed consent attached
Therapeutic phlebotomy		BGH Order Set REQUIRED
Thoracentesis		Attach separate order*

Provider Name (Please print): _____ **Provider Signature:** _____

*Physician completing procedure is to send and confirm appointment booking with patient once received.

**First dose antibiotics when not able to be provided in community may be administered within Medical Day Unit, subsequent doses are provided in the community and are to be arranged by referring health care provider.

***Please ensure all supporting documentation is provided at the time of referral: current lab results (if having bloodwork completed outside of BGH please include labs with order set) and fac to 613-345-8337 along with current medication list.