

**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 referral to the Ambulatory Care Unit (ACU) at 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: (YYYY/MM/DD):
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 MOHLTC IVIG Request Form
Iron Sucrose/ Iron Isomaltoside		BGH Order Set required (Patient to bring Iron 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*
IV Hydration		Attach separate order *
Zoledronic Acid		Attach separate order *
Other _____		Attach separate order *

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