

Community Remote Care Management Program Referral

Fax Referral To: 855-928-5284

Intake Number: 289-208-9619

Program Information

Technology will be set up in the patient's residence at no cost to monitor and provide education on managing their chronic disease (COPD/CHF). This program is an additional resource to assist the patient in improved self management and navigating health and social services. The family physician will be consulted if medical needs arise that fall outside the scope of this program via fax or telephone.

Patient Information

Name: _____ D.O.B.: _____

Health Card Number: _____

Personal Pronoun: _____ Preferred Language: _____

Address: _____

Contact Number: _____

Alternate Patient Contact/Substitute Decision Maker: _____

Can a detailed phone message be left? No Yes

Program Criteria

Patient lives at home in Burlington / surrounding areas
Patient is at least 18 years old
Patient is living with chronic condition (COPD, CHF)
Patient consents to being contacted by BFHT to discuss enrollment in the RCM program

Referral Source and Physician Information

Referral Source Name: _____ Date of Referral: _____

Referring Agency/Organization: _____ Phone Number: _____ Fax Number: _____

Family Physician Name (if not referral source): _____

Office Telephone Number: _____ Office Fax Number: _____

Respirologist Name and Contact Information (if applicable): _____

Reason for Referral

Diagnosis: COPD CHF

Relevant Clinical Background: _____

Comorbidities: _____

Does the patient have allergies/hypersensitivities? No Yes: _____

Would the patient benefit from Smoking Cessation? No Yes

Would the patient benefit from connecting to services to assist with social connections and community support? No Yes

Vital Sign Monitoring

Would the patient benefit from daily weight monitoring? No Yes - Weigh daily; set alert for weight

Baseline Weight kg. lbs.		Baseline Height (cm)	
Min Daily Weight		Max Daily Weight	
Max weight lost delta	_____ per _____ day	Max weight gained delta	_____ per _____ day

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Please indicate whether the patient should be monitored using default range or patient specific range for each vital sign below. Vital signs outside the range indicated will trigger an alert to the remote care team.

Use Default Set:	Blood Pressure	Use Patient Specific Set:	Blood Pressure
	Oxygen Saturation	(indicate values below)	Oxygen Saturation
	Heart Rate		Heart Rate

Vital Sign	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Blood Pressure				
SBP mmHg	98	155		
DBP mmHg	50	100		
Heart Rate (bpm)	50	100		
Oxygen Saturation (%)	≥95%	N/A		

Does the patient have a pacemaker: No Yes (enter lower limit for bpm): _____ bpm

Diabetes Monitoring

Would the patient benefit from Diabetes Monitoring (in addition to CHF/COPD Monitoring)? No Yes, please monitor

Does the patient use insulin? No Yes (indicate type below)

Insulin Type:

Apidra ® (Insulin Glulisine)
Humalog ® (Insulin lispro)
NovoRapid ® (Insulin Aspart, Humulin R, Novolin GE)

Please indicate whether the patient should be monitored using default range or patient specific range:

Use Default to Adjust Blood Glucose Threshold values

Use Specific to Adjust Blood Glucose Threshold values

	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Sliding Scale (mmol/L)	10.1-12 → 2 units	12.1-14 → 4 units		
Fasting (mmol/L)				
Severe hypoglycemia	0	3.0		
Mild hypoglycemia	3.1	3.9		
Normal	4	7		
Mild hyperglycemia	7.1	20		
Severe hyperglycemia	20.1	X		
Prandial (mmol/L)				
Severe hypoglycemia	0	2.7		
Mild hypoglycemia	2.8	3.9		
Normal	4	10		
Mild hyperglycemia	10.1	20		
Severe hyperglycemia	20.1	X		

How often should blood glucose be checked?

Once in morning
Three times a day
Four times a day
Once a day at bed time

Does the patient have access to fast-acting carbohydrate for hypoglycemia? No Yes

Please attach Best Medication List and any relevant supporting documentation as applicable.