

Community Remote Patient Monitoring 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 the following chronic disease: (COPD/CHF) or being a vulnerable senior. 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: _____

Preferred Pronoun: _____

Preferred Language: _____

D.O.B.: _____

Contact Number: _____

OHIP Number: _____

Alternate Patient Contact/Substitute Decision Maker: _____

Office Use Only: Can a detailed phone message be left?

No

Yes

Physician Information

Referring Physician Name: _____

Office Telephone Number: _____ Office Fax Number: _____

Family Physician Name: _____

Office Telephone Number: _____ Office Fax Number: _____

Respiriologist Name and Contact Information (if applicable): _____

Reason for Referral

Diagnosis: COPD CHF Vulnerable Senior

Clinical/Social Background: _____

Comorbidities: _____

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

Would the patient benefit from Smoking Cessation? No Yes

****Fill out the following Section for Chronic Disease Monitoring ONLY****

Vital Sign Monitoring

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

Baseline Weight <input type="checkbox"/> kg. <input type="checkbox"/> lbs.		Baseline Height (cm)	
Min Daily Weight		Max Daily Weight	
Max weight lost delta	_____ per _____ day	Max weight gained delta	_____ per _____ day

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

Use Default Set: Blood Pressure

Heart Rate

Use Specific Set: Blood Pressure

Heart Rate

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Oxygen Saturation

Oxygen Saturation

Vital Sign	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Blood Pressure				
SBP mmHg	90	160		
DBP mmHg	45	110		
Heart Rate (bpm)	60	110		
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

Does the patient use insulin? No Yes:

Insulin Type:

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

Please indicate whether 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

Access to fast-acting carbohydrate for hypoglycemia? No

Yes

Please attach most recent medication list and any relevant supporting documentation as applicable.