

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 their chronic disease (COPD/CHF) or COVID-19 symptoms. 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.

Patient Information

Name: _____

Preferred Pronoun: _____

Preferred Language: _____

D.O.B.: _____

Contact Number: _____

Alternate Patient Contact/Substitute Decision Maker: _____

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)
AND / OR
Patient tests positive for COVID-19
Patient consents to being contacted by BFHT to discuss enrollment in the RPM program

Office Use Only: Can a detailed phone message be left? Yes No

Physician Information

Family Physician Name: _____

Office Telephone Number: _____

Office Fax Number: _____

Reason for Referral

Diagnosis: COPD CHF Positive COVID-19 test result

Comorbidities: _____

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

Would the patient benefit from Smoking Cessation? No Yes

****Fill out the following information 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

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

- Use Default Set Blood Pressure and Pulse Range Alert
 Use Specific Set Blood Pressure and Pulse Range Alert

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		

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 (mmol/L)
 Use Specific to Adjust Blood Glucose Threshold values (mmol/L)

	Default		Patient Specific (indicate range where applicable)	
	Min	Max	Min	Max
Sliding Scale	10.1-12 → 2 units	12.1-14 → 4 units		
Fasting				
Severe hypoglycemia	0	2.9		
Mild hypoglycemia	3	3.9		
Normal	4	7		
Mild hyperglycemia	7.1	20		
Severe hyperglycemia	20.1	X		
Prandial				
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

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