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: ____________________

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

Alternate Patient Contact/Substitute Decision Maker: ____

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

Physician Information

☒Referral Source Name: ____

Office Telephone Number: ____________________ Office Fax Number: ____________________

☒ Family Physician Name: ____

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
Oxygen Saturation
Heart Rate

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

	Default		Patient Specific (indicate range where applicable)	
Vital Sign	**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.

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