

**Request for Assessment**

Patient Identification

\*Required Fields

If Faxed – Include Number of Pages (Including Cover Sheet): \_\_\_\_\_ Pages

Estimated Date of Discharge (EDD) (dd-mmm-yyyy): \_\_\_\_\_

**PATIENT DETAILS AND DEMOGRAPHICS**  
\*Only Complete Demographics if Information is NOT Included on Patient Identification Sticker\*

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_ Province Issuing Health Card: \_\_\_\_\_  
 No Health Card Number  No Version Code

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (dd-mmm-yyyy): \_\_\_\_\_ Gender:  Male  Female  Other  
 No Known Address

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  No Alternate Phone

**Address for Treatment (Complete if Different From Home Address)**

Treatment Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  No Alternate Phone

Patient Speaks/Understands English:  Yes  No Interpreter Required:  Yes  No  
 Primary Language:  English  French  Other: \_\_\_\_\_

Primary Alternate Contact Person: \_\_\_\_\_  
 Relationship (Check All Applicable Boxes):  Power of Attorney  Substitute Decision Maker  Spouse  Other  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  No Alternate Phone

**HEALTH INFORMATION**

Community Primary Health Care Provider (e.g. Physician or Nurse Practitioner)  None  
 Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relevant Diagnosis for Referral (Please Include any Surgical Procedures(s) and Date(s)):  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Referral:  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies:  No Known Allergies  No  Yes – Specify: \_\_\_\_\_

Infection Control:  None  MRSA  VRE  C-DIFF  ESBL  TB  
 Other – Specify: \_\_\_\_\_

Medical Orders:  No  Attached

Referring Facility/Unit: \_\_\_\_\_ Facility Contact Number: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ (dd-mmm-yyyy)