

## First Nations Home Care Referral



**NAHNDAAHWEH TCHIGEHGAMIG**  
**Wikwemikong Health Centre**  
 Home Care  
 Tel: 859-3164  
 Fax: 859-3085



**MNAAMODZAWIN Health Centre**  
 Home Care  
 Tel: 368-2182  
 Fax: 368-2229



**M'CHIGEENG Health Services**  
 Home Care  
 Tel: 377-4240  
 Fax: 377-4179

<b>Name:</b>	<b>D.O.B.:</b>
<b>Address:</b>	<b>HC #:</b>
<b>First Nation:</b>	<b>Band #:</b>
<b>Telephone:</b>	<b>Allergies/Tolerances:</b>

<b>Primary Diagnosis:</b>
<b>Secondary Diagnosis:</b>
<b>Medical History:</b>
<b>Activity Level Permitted:</b>

**Medications on Discharge:**

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

**Prescription:**       Faxed to pharmacy       With patient

<b>List All Treatment Orders (to be continued at home):</b>

**Indicate any referrals required:**

- |                                              |                                               |                                        |
|----------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Nursing             | <input type="checkbox"/> Dietician            | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Home Support Worker | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other               |                                               |                                        |

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_