

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

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

Primary Diagnosis:
Secondary Diagnosis:
Medical History:
Activity Level Permitted:

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

List All Treatment Orders (to be continued at home):

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:** _____