South East **LHIN**

LOCAL HEALTH INTEGRATION NETWORK
SERVICE REQUESTS / REFERRALS

Community Service Request: Tel: 1 800 869 8828 **Fax:** 1 866 839 7299
Hospital Request: Please see Hospital Care Coordinator

Demographics / Client Details

Patient Name:_____ Health Card Number: _____

Address: _____ _____ _____ _____ _____
Street Suite City/Town Province Postal Code

Date of Birth: _____ _____ _____ Phone Number: _____ Alternate Number: _____
DD MM YYYY

First Language: _____ Preferred Language for Service: ☐ English ☐ French

Primary Contact Name: _____ Relationship: ☐ POA ☐ SDM ☐ Other_____

Contact Phone Number: _____ Alternate Contact Phone Number: _____

Is patient aware of request: ☐ Yes ☐ No ***If No, Reason not aware:*** _____

Has SDM provided consent for referral to LHIN ☐ Yes ☐ No
If Yes Please explain:

Referral Information

Name of Person requesting service: _____ Relationship to Patient: _____

Contact Phone Number: _____ Contact Fax Number: _____

Planned Hospital Discharge Date (if applicable): _____ _____ _____
DD MM YYYY

Diagnosis (Primary): _____

Dianosis(es) (Secondary): *Include also related surgical procedures / past medical history*

Reason for Referral:

LHIN Servies Include: Nursing in clinic (in-home by exception) Social Work, Speech Therapy, Nutrition, Physiotherapy, Occupational Therapy, Personal Support and assessment for Long Term Care eligibility.

Medical Responsibility will be provided by (please print): _____

Hospital Physicians must ensure medical responsibility transferred to primary care physician / practitioner should treatment require medical monitoring post Hospital discharge.

Source of Information – Person completing this form (please print) _____

Signature: _____ **Date:** _____ **Time:** _____

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Ontario
Local Health Integration Network

Kingston Office
1471 John Counter Blvd, Suite 200
Kingston, ON, K7M 8S8
Tel: 613.544.7090 or 310.2222
Fax: 613.544.1494

Belleville Office
470 Dundas Street East
Belleville, ON, K8N 1G1
Tel: 613.966.3530 or 310.2222
Fax: 613.966.0996

Smiths Falls Office
52 Abbott St., N
Smiths Falls, ON, K7A 1W3
Tel: 613.283.8012 or 310.2222
Fax: 613.283.0308

Selby Office
114 Pleasant Dr
Selby, ON, K0K 2Z0
Tel: 613.388.2488 or 310.2222
Fax: 613.388.2646

Bancroft Office
1 Manor Lane Box 1449
Bancroft, ON, K0L 1C0
Tel: 613.332.2444 or 310.2222
Fax: 613.332.4873

Brockville Office
555 California Ave., Unit 1
Brockville, ON, K6V 7K6
Tel: 613.283.8012 or 310.2222
Fax: 613.283.0308

Northbrook Office
12309 Highway 41
Northbrook, ON, K0H 2G0
Tel: 613.336.8310 or 310.2222
Fax: 613.336.9104

OHIP Billing Fee Codes

Home Care Application - Code K070

The service rendered by the most responsible physician for completion and submission of a home care service request form to a Local Health Integration Network (LHIN) on behalf of a patient for whom the physician provides on- going medical care. The amount payable for this service is in addition to the assessment fee payable, where applicable. The amount payable for completion of the home care service request form if completed in whole or in part by a person other than the physician or the physician's employee is nil.

Home Care Supervision - K071 & K072 & K124

The service rendered by the most responsible physician for personally providing medical advice, direction or information to health care staff of a Local Health Integration Network (LHIN) or LHIN contractor on behalf of a patient for whom the physician provides on-going medical care. The date, question, response and identity of the health care staff must be recorded in the patient's medical record. The amount payable for home care supervision without the required record of service in the patient's medical record is nil. The amount payable for home care supervision rendered on the same day as a consultation or visit by the same physician with the same patient is nil.

K071 for Acute home care supervision (maximum 1 every week for the first 8 weeks following admission to home care program)

K072 for Chronic home care supervision (maximum 2 per month commencing in the 9th week following admission to the home care program)

K124 for a case conference regarding a LHIN patient. Note that K124 requires participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of a LHIN and/or regulated health professionals.