COVID@HOME Referral

Mississauga Health OHT

Phone: 905-361-1448 **Fax: 905-785-8360**

Our team provides remote care monitoring for patients who do not need immediate hospital attention but are at highest risk of developing serious symptoms of COVID-19. The COVID@Home program ensures that all patients diagnosed with COVID-19 receive support that is appropriate with their level of illness severity and their risk for deterioration.

We do not complete intake on the weekends, referrals should be sent Monday to Friday ONLY.

NAME: _____

DOB: _____

PREFERRED CONTACT#: _____

HEALTH CARD#: _____

FAMILY PHYSICIAN: _____

PLACE PATIENT LABEL HERE WITH MOST UP TO DATE INFORMATION

The COVID@Home program will accept referrals for patients with a confirmed (PCR/Rapid Antigen) or presumed COVID-19 diagnosis who are at highest risk for deterioration based upon meeting the below criteria.

Date of onset of symptoms: _____ Date of diagnosis: _____

To be eligible for COVID@Home patients must have at least one of the following risk factors (check all that apply):

	Unvaccinated		Chronic lung disease (incl asthma)		Immunosuppressed disease
	Socio-economic risk factor*		Chronic metabolic disease (incl DM)		Immunosuppressive meds
	≥ 60 years old		Chronic kidney disease		
	Pregnant		Chronic liver disease		
	Cardiovascular disease (incl HTN)		Obese		

* socially isolated (e.g. lives alone, poor social network, lack of caregiver support, inability to maintain hydration, food/financial instability, receives homecare support, low health literacy, mental health concerns

Additional Comments:

IMPORTANT INFORMATION NEEDED TO COMPLETE REFERRAL:

PROVIDER'S FULL NAME: _____ Billing # _____

OFFICE PHONE: _____ BACKLINE or CELL PHONE_____

Fax: _____OFFICE ADDRESS: _____

SUMMERVILLE Family Health Team

CarePoint Health

CREDIT VALLEY Équipe de Santé Familiale • Family Health Team

Ontario Health Central

Mississauga Health Partnering for your health

Primary Care Network MISSISSAUGA HALTON