

Attach Patient Information label here

APPHON/ROHPPA - SHARED CARE COMMUNICATION TOOL

| То | day's Date:/ / ☐ Mailed ☐ Faxed |
|----|---|
| Se | Day Month Year nt to: Name Facility |
| A. | Indicate copies of original source documents being sent: Physician Dictated Note Clinic (or ED) Note (including height, weight and history/physical exams) Chemo Administration Documentation Protocol Roadmap Diagnostic Evaluations (lab results, x-ray and scan results etc) Admission history and physical (including vital signs and height and weight) Admission/discharge summaries (Including # of days inpatient for treatment versus supportive care) Physician Orders Medication calendar Plan of Care Calendar Other (e.g. interdisciplinary team note describe) |
| В. | Where was today's visit? |
| C. | Discharge Medication Ordered (New or changes to current medications) Medication calendar given to family |
| D. | Additional Patient Information (New dx, interim changes or concerns e.g. transfusion reactions etc) NOTE: Documentation of any adverse events to be forwarded to IWK/Janeway immediately! |
| E. | Next Scheduled Clinic Visit: IWK/Janeway Date Regional Hospital Date |
| F. | Print Health Care Provider (HCP) Name: HCP's signature: Facility/District: |