Attach Patient Information label here

APPHON/ROHPPA - SHARED CARE
INFORMATION REQUEST TOOL

Today's Date: ____ / _____ /_____
Day Month Year

Sent to: Name_____ **Facility**_____

A.	☐ **Height & Weight on** _____ **Please compare to previous Height** _____, **and Weight** _____, **Date Measured** _____
B.	☐ **Blood work** ☐ **Diagnostic Tests**
C.	☐ **Additional Information**
D.	***Next Scheduled Clinic Visit:*** ☐ **IWK/Janeway** **Date** _____ ☐ **Regional Hospital** **Date** _____
E.	**Print Nurse's Name:** _____ **Nurse's signature:** _____ **Facility/District:** _____