



Attach Patient Information label here

**APHON/ROHPPA - SHARED CARE  
INFORMATION REQUEST TOOL**

Today's Date: \_\_\_ / \_\_\_ / \_\_\_  
Day Month Year

Sent to: Name \_\_\_\_\_ Facility \_\_\_\_\_

<b>A.</b>	<input type="checkbox"/> Height & Weight on _____ Please compare to previous Height _____, and Weight _____, Date Measured _____
<b>B.</b>	<input type="checkbox"/> Blood work <input type="checkbox"/> Diagnostic Tests
<b>C.</b>	<input type="checkbox"/> Additional Information
<b>D.</b>	<i>Next Scheduled Clinic Visit:</i> <input type="checkbox"/> IWK/Janeway      Date _____ <input type="checkbox"/> Regional Hospital      Date _____
<b>E.</b>	Print Nurse's Name: _____ Nurse's signature: _____ Facility/District: _____