

ViMOS Referral

Booking Line: (416) 903-2170

Fax: (905) 472-7618

Patient Name (Last, First): _____

Date of Birth (DD/MM/YYYY): _____ Sex: F M

Health Card #: _____ Version Code: _____

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Email: _____

Date	Referring MD/NP	Signature	MD/NP Phone #	MD/NP Fax #
Family MD/NP (if different from Referring MD/NP)		Family MD/NP Phone #	Family MD/NP Fax #	CPSO/CNO#
Additional Reports to:				
Translator/contact person for scheduling		Language spoken if other than English Please bring translator to appointment if required		

Criteria for Referral - check all that apply. Eligibility will be reviewed by ViMOS Coordinator

- ☐ Must have WiFi
☐ Patient or family caregiver must have the cognitive capabilities to use the equipment and provide informed consent
☐ Must reside within Oak Valley Health's catchment area
☐ Must have an established moderate/severe diagnosis of a chronic condition (listed below):
☐ Patient has an individualized action plan

And at least ONE of the following:

- ☐ Patients is followed by any of the following outpatient clinics: Heart Function, COPD, Hospital to Home or Internal Medicine
☐ Patient with multiple documented exacerbations or at least 1 exacerbation leading to an Oak Valley Health ER visit or hospital admission within the last year

Exclusion Criteria

- ☒ Patients who reside in a Ministry of Health Long Term Care Facility
☒ Patients under palliative care

Main Diagnosis for Monitoring
☐ COPD ☐ Heart Failure
Co-Morbidities
☐ Diabetes ☐ COPD ☐ Heart Failure ☐ Depression ☐ Hypertension
☐ Anxiety ☐ Arthritis ☐ Osteoporosis ☐ Cancer ☐ Other _____
Physiological Parameters

The following parameters will be monitored based on main diagnosis unless specified otherwise:

CHF	Systolic BP	Diastolic BP	O2 Sat.	Heart Rate	Weight	COPD	Systolic BP	Diastolic BP	Oxygen Sat.	Heart Rate	Weight	CAT	Phlegm score
High	160	100	-	100	+2 lb/day +4 lb/2 days	High	160	100	-	100	+2 lb/day +4 lb/2 days	+4 CAT over 2 days	Change in phlegm colour over 2 days
Low	90	50	90	45	-	Low	90	50	88	45	-	-	-

Supporting Documentation (please attach any available information)

- Current Medication
- Patient History and Consult Notes
- Pertinent laboratory or radiology reports
- Individualized Action Plan
- Alternative Physiological Parameters

Additional instructions or notes: