

**COVID-19 Remote Self-Monitoring Program Referral Form**

Please fax referral form(s) to: 905-707-2409

**PATIENT INFORMATION**

\_\_\_\_\_  
(Last Name, First Name)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(dd/mmm/yyyy)

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

First Language: \_\_\_\_\_ Translator Needed:  Yes  No

Potential Discharge Date: \_\_\_\_\_ Date of Symptom Onset: \_\_\_\_\_  
(dd/mmm/yyyy) (dd/mmm/yyyy)

**Background for Referral (Check all that apply)**

Person Under Investigation for COVID-19  Patient has access to smartphone or other device that can run apps

COVID-19 Positive

Patient to self-isolate at home

Patient to self-isolate via cohorting space

How would the patient like to receive notification to participate in the program? (Choose one)  By Email  By Secure Text

Patient does not own a smart device

**Risk Factors**

Diabetes with complications  Weakened immune system  Pregnancy

Congestive heart failure  Dialysis  Extreme obesity

Chronic lung disease (i.e. COPD, emphysema), or moderate to severe asthma  Cirrhosis of the liver  65 years old or older

Neurological conditions that weakened ability to cough  Lives in long term care facility

**Referrer Information** **Community Pharmacy**

Name: _____	Name: _____
Position: _____	Phone Number: _____
Phone Number: _____	Fax Number: _____
Email Address: _____	

**Primary Care Provider's Information**

Name: \_\_\_\_\_  Same as above

Position: \_\_\_\_\_

Other description: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name / Address Stamp

Note: The information contained in this form is confidential. It contains personal health information that is subject to the provincial provisions of the 'Personal Health Information Protection Act, 2004'. This form and its contents should not be distributed, copied or disclosed to any unauthorized persons. If you have accessed this information in error, please contact the owner or sender immediately.

