



<b>Mobility/Care level:</b>	<b>Gait Aid:</b>
<b>Dietary restrictions/enteral feeding:</b>	
<b>Wound care:</b>	
<b>Intravenous/TPN:</b>	
<b>PICC location:</b>	<b>Number of Lumens:</b>
<b>Drain/VAC/Chest Tube:</b>	
<b>Diabetes:</b>	
<b>Other (amputee, oxygen, dialysis):</b>	
<b>TB UP Program registrant</b> <input type="checkbox"/>	

<b>Attached Documents:</b>
<b>History and Physical:</b>
<b>Consult Reports:</b>
<b>Medical Imaging:</b>
<b>Lab/Blood work:</b>
<b>Drug Resistance:</b>
<b>Drug Toxicities:</b>
<b>Public Health Reports:</b>
<b>MAR:</b>
<b>Sputum Sample sent:</b>
<b>Positive Smears</b>
<b>Other:</b>
<b>Associated Infections:</b>
<b>HIV</b> <input type="checkbox"/> <b>Hep B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>MRSA</b> <input type="checkbox"/> <b>/VRE</b> <input type="checkbox"/> <b>Location:</b> <b>C Diff.</b> <input type="checkbox"/>
<b>For MDR and XDR client's, please have PICC line inserted prior to admission to West Park Service.</b>

Consent

Physician/ Designate signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ agree to admission to West Park Healthcare  
Centre for assessment and/or medical management of Tuberculosis.

Signature of Client/ Substitute Decision Maker \_\_\_\_\_

Date \_\_\_\_\_

- Referral packages will be reviewed and sender notified of referral status
- Prior to any admission, a Medication list (best medication history), discharge summary and any new labs should be sent to West Park Healthcare Centre by fax to the Attention of Rochelle Atkins 24 hours prior to the admission date.
- Admissions are expected by 9am Monday through Friday once confirmation of acceptance is provided by West Park