



Attach Patient Information label here

**APPHON/ROHPPA - SHARED CARE  
COMMUNICATION TOOL**

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

Mailed  Faxed

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

Facility \_\_\_\_\_

<b>A.</b>	<p><b>Indicate copies of original source documents being sent:</b></p> <p><input type="checkbox"/> Physician Dictated Note</p> <p><input type="checkbox"/> Clinic (or ED) Note (including height, weight and history/physical exams)</p> <p><input type="checkbox"/> Chemo Administration Documentation</p> <p><input type="checkbox"/> Protocol Roadmap</p> <p><input type="checkbox"/> Diagnostic Evaluations (lab results, x-ray and scan results etc)</p> <p><input type="checkbox"/> Admission history and physical (including vital signs and height and weight)</p> <p><input type="checkbox"/> Admission/discharge summaries (Including # of days inpatient for treatment versus supportive care )</p> <p><input type="checkbox"/> Physician Orders</p> <p><input type="checkbox"/> Medication calendar</p> <p><input type="checkbox"/> Other ( e.g. interdisciplinary team note describe)</p> <p>_____</p>
<b>B.</b>	<p><b>Where was today's visit?</b> <input type="checkbox"/> ED <input type="checkbox"/> Peds In-patient Unit <input type="checkbox"/> Oncology/Chemo Clinic <input type="checkbox"/> Other</p> <p><b>Reason for today's visit:</b></p> <p><input type="checkbox"/> Chemotherapy Protocol: _____ cycle/week _____ Day _____</p> <p><input type="checkbox"/> Blood work <input type="checkbox"/> Blood Transfusion _____</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Neutropenia <input type="checkbox"/> Admitted _____ Hospital _____</p> <p><input type="checkbox"/> Antibiotics _____ Initiated _____</p> <p><input type="checkbox"/> Palliative Care _____</p> <p><input type="checkbox"/> Other, Specify: _____</p> <p><b>Was this a hospital admission?</b> Admitted _____ Discharged _____</p>
<b>C.</b>	<p><b>Discharge Medication Ordered</b> (New or changes to current medications)</p> <p><input type="checkbox"/> Medication calendar given to family</p>
<b>D.</b>	<p><b>Additional Patient Information</b> (New dx, interim changes or concerns e.g. transfusion reactions etc)</p> <p><b>NOTE:</b> Documentation of any adverse events to be forwarded to IWK/Janeway immediately!</p>
<b>E.</b>	<p><b>Next Scheduled Clinic Visit:</b></p> <p><input type="checkbox"/> IWK/Janeway Date _____</p> <p><input type="checkbox"/> Regional Hospital Date _____</p>
<b>F.</b>	<p>Print Health Care Provider (HCP) Name: _____ HCP's signature: _____</p> <p>Facility/District: _____</p>