

## ADULT HOME PN PROGRAM

## NEW REFERRAL

**Required Documents:** 

- □ Referral Letter from MRP
- Medical History Pertinent Test Results (i.e., CT scan; SBFT; abdominal ultrasound; endoscopies; upper GI series)
- OR notes indicating length of small bowel remaining
- Lab work trend (past 1 week)
- Current PN prescription
- Current medication profile, including prn meds
- Dietician's anthroprometric assessment and nutrition care plan
- □ If central line inserted, radiology report confirming catheter tip position
- □ Patient Demographics:
  - o Patient's full name, date of birth and health card number with valid version code
  - Patient's contact information (address, home and mobile number)
  - Family physician's name and contact information

Please fax reports to the Home Parenteral Nutrition Team office at (416) 340-5455.