HBOT REFERRAL REQUEST

UNDER PRESSURE INC.

Patient Name: _____

OHIP # _____ Version Code _____

DOB: _____ Gender: _____

Patient Phone #: _____

Alternative Phone #: _____

55 Port Street East, Mississauga ON L5G 4P3 Phone: 905-274-2032 Fax: 905-274-4067
email: info@underpressurehbot.ca

Date	Referring Physician Name	OHIP Billing #	Signature

MANDATORY RESPONSE REQUIRED (Please review, circle Y, N or U where indicated, and indicate source)

Recent Accurate Swab results must be provided for all non-healing Wound Patients prior to Consultation

- Does the patient have a non-healing wound (present 3 weeks or longer)? Yes / No
  - If Yes, is wound infected? Y/N/U (unsure)
- Does the patient have an infection from another source? Y/N/U Source: _____
- Is patient institutionalized (long-term or permanent resident in hospital, CCC (Complex Continuing Care) unit, rehab institute or LTC facility? Y/N/U
  - If Y, is there known current or past history of antibiotic resistant infection? Y/N/U
    (MRSA / VRE / CRE / ESBL / other _____)
  - If Y, is patient currently receiving antibiotics for this? Y/N/U

If Y has been selected for any of the above, please provide dates, pertinent documentation, and follow up status

HYPERBARIC MEDICINE REFERRAL (OHIP COVERED)

- ☐ Chronic Non-Healing Wound:
  - ☐ Arterial/Venous Ulcers
  - ☐ Diabetic
  - ☐ Thermal Burns
  - ☐ Other Problem Wounds
- ☐ Delayed Radiation Injury:
  - ☐ Hemorrhagic Cystitis
  - ☐ Osteo Radionecrosis
  - ☐ Radiation Proctitis
  - ☐ Soft Tissue
  - ☐ _____
- ☐ Compromised skin flaps/grafts
- ☐ Exceptional Blood Loss
- ☐ Osteomyelitis (refractory)
- ☐ Idiopathic Sudden Sensorineural Hearing Loss
  ISSNHL MUST be diagnosed By ENT with treatment started within 14 days, including HBOT)
- ☐ Air / Gas Embolism
- ☐ Carbon Monoxide and/or Cyanide Poisoning
- ☐ Crush Injury / Compartment Syndrome / Acute Traumatic Ischemias
- ☐ Decompression Sickness
- ☐ Intracranial Abscess
- ☐ Necrotizing Soft Tissue Infection / Gas Gangrene (including muscle fascia)

HYPERBARIC MEDICINE REFERRAL (Diagnosis Not Covered by OHIP)

Diagnosis & Notes:

Please also send (if available):

- Past Medical History, Medications
- Blood Work
- Radiology: CXR, CT scan report, bone scan
- Pathology, Microbiology
- Other: Specialist notes
- Other Studies
- Urine Tests