

**Department of Diagnostic Imaging
External Healthcare Provider (EHP) Communication Tool**

To be completed by External Healthcare Provider (EHP) and attached to Exam Request

Last Name: _____ First Name: _____ DOB: M __ / D __ / Y ____

Exam Requested _____

Substitute Decision Maker: _____
Name Contact Number

EHP Contact Information: _____
Name Contact Number

List of Medications: _____

Patient Weight: _____ kgs Transportation Method: Wheelchair Stretcher

Patient Height: _____ cm Other _____

Special Needs (Check those that apply):

- History of Dementia/Alzheimer/Confusion Fall Risk Infection Control concerns
- Incontinent Able to lay flat for one hour Toileting Assistance
- Full Lift Required Visually Impaired Hearing Impaired
- Diabetes If diabetic, blood sugars to be monitored
- Code Status _____ Oxygen level _____
- Translator Required _____
- Medication required during stay _____
- Precautions _____

Additional Information: _____

Based on their needs, this patient may be required to have a suitable caregiver to assist and remain with them during their entire time at Windsor Regional Hospital. **Patient must be accompanied by:**

- Family Member Nurse Unregulated Care Provider Not required

If unable to have caregiver accompany patient for their entire time, please call to reschedule appointment

Exam Preparation: _____

Appointment _____ Estimated time in D.I. _____

Hospital Contact Name _____ Ext _____