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Providence HEALTH CARE

Provincial Health Services Authority
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BC HOME ENTERAL NUTRITION (HEN) APPLICATION FOR RENEWAL OR FORMULA CHANGE (ADULT PATIENTS)

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Referral Other

BC Home Parenteral and Enteral Nutrition Programs
1081 Burrard Street, Vancouver, BC V6Z 1Y6 **Phone:** 604-806-9353 **Fax:** 604-806-8044

This application form must be completed in full and faxed to 604-806-8044 with all required documents.

Date of Application: _____

REFERRING PHYSICIAN:

Name (PRINT): _____ Specialty: _____
Signature: _____ MSP #: _____
Phone: _____ Fax: _____ Email: _____

DIETITIAN (if applicable)

Name (PRINT): _____ Specialty: _____
Signature: _____ College ID #: _____
Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION:

Name: (Last) _____ (First) _____ (Middle) _____
DOB: _____ PHN: _____ Gender: ☐ Male ☐ Female ☐ Other: _____
Home phone: _____ Email: _____
Height: _____ cm Weight: _____ kg Date measured: _____
Total estimated energy requirements: _____ kcal/day

☐ **APPLICATION RENEWAL** ☐ **FORMULA CHANGE**

Please attach enteral feeding supply list (if applicable). Note that the HEN program does not provide enteral feeding pumps.

Formula: _____
Formula concentration: _____
Total volume per day: _____
Anticipated treatment duration: (Approval will only be given for a maximum of 6 months) _____
Reason for renewal or change: _____

MEDICAL INFORMATION UPDATES: (Attach any relevant medical consult notes or reports) _____

PATIENT/CAREGIVER AGREEMENT

I agree to:
- Accept home training when it is recommended.
- Release medical information to the HEN program. All medical information will remain strictly confidential.

Patient/Caregiver signature _____ Printed name _____ Date _____

The BC Home Enteral Nutrition Program is unable to guarantee the length of time required to process an application and if approved, the length of time to have product and supplies delivered. Product and supplies required prior to receipt of the first shipment are the responsibility of the patient/caregiver.

For Home Enteral Nutrition office use only

☐ Approved ☐ Non approved Signature: _____ Date: _____
Reason: _____