INTRAVENOUS (IV) THERAPY REFERRAL
OTTAWA INTEGRATIVE CANCER CENTRE

Please note – if you are referring your patient for comprehensive naturopathic care (ie. not simply IVs), please advise your patient to contact our Intake Coordinator directly. If you would like to provide a referral, you are encouraged to do so, but a full intake will be required in either case.

Thank you for your referral to us! Please complete this form and fax it to the **OICC to 613-792-1620**. Your patient will be contacted directly for booking once we receive this form.

When patients are referred for IV care only, the patient remains under the care of the referring doctor for all other concerns/treatments. No recommendations for supplements or other therapies will be made by the OICC, although your patient may choose to access other therapies at our centre at their own discretion.

Our model of care at the OICC involves the administration of IV therapies by registered nurses. **As a result, your patient will require a visit with our medical doctor (MD)/ or nurse practitioner (NP) prior to initiation of IV therapy. There is a fee for this service.** Please consult our online fee schedule for details at http://www.oicc.ca/en/cancer-care/fee-schedule. MD/NP orders for IV therapy must be renewed every 3-6 months and another visit is required at this time.

In order to accept your referral, patients must complete an OICC intake form and consent forms which can be accessed here http://www.oicc.ca/en/cancer-care/becoming-patient, and have a visit with Dr. Gillian Flower ND (Designated Member). **This will be a short (30 minute), one-time visit** that will assess your patient's eligibility for IV therapy and ensure that the requested treatment is safe and appropriate for him/her. A physical exam will be conducted this visit. Please consult our online fee schedule for details at http://www.oicc.ca/en/cancer-care/fee-schedule.

Once your patient has completed the IV treatment cycle as per your referral, he/she will be referred back to you for ongoing care. Patients will be directed back to you in order to answer any questions regarding supplements or other therapies and if there is a change in their status. We ask that you follow up with your patient regularly during IV care. **Referrals must be renewed every 6 months.**

Please note that the OICC is not accessible by wheelchair and patients must be ambulatory to receive any and all forms of care at the clinic.

Requirements for IV therapy (this information may be summarized in a referral letter if preferred):

1. Bloodwork - Please submit the following with your referral, if available.

CBC within 1 month of referral with the following results:

- Platelets - no less than $30x10^3$/uL
- Hemoglobin - no less than 70g/L
- Neutrophils - no less than $0.5x10^9$/L

Creatinine within last 4 weeks with result no more than 2.5 times upper limit of normal range.

Other blood results within 1 month of referral as per treatment requirements below:

Intravenous therapy	Additional bloodwork required
Intravenous Vitamin C (IVC)	G6PD with NORMAL result (quant/qual)-any date
Mistletoe (+/- IVC)	WBC with differential
Myers cocktail	No additional requirements
Dichloroacetate (DCA)	AST, ALT, ALP, GGT, Na, K, Cl, HCO_3, Ca
Alpha lipoic acid (ALA)	AST

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If bloodwork is not included with your referral, a requisition will be provided by our MD/NP prior to first IV.

2. Treatment

Please choose the treatment that you are recommending for your patient. Contact Dr. Gillian Flower (gflower@oicc.ca) if you would like your patient to receive a treatment that is not mentioned.

Treatment name	Number of treatments/week	Duration of treatment*	Indication/treatment rationale

** If you state "ongoing", please note that your referral must be re-issued every six months.*

3. Documentation of diagnosis: We require documentation of your patient's cancer diagnosis, ideally a recent scan. This must be included with your referral.

4. ECOG performance status

Please check the description that best fits your patient today:

	Fully active, able to carry on all pre-disease performance without restriction
	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours **(*Please note – your patient may not qualify for IV care.)***
	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair **(*Please note – care can NOT be provided for your patient at this time)***

5. Medications and supplements – Please list any prescription and over-the-counter therapies that your patient is taking. Dosages not required for the purpose of this form. Please include chemotherapy.

_____
_____
_____

6. Please list **all medical conditions**, including those that may be relevant to IV therapy (**allergies,** fluid in extremities/abdomen, cardiovascular/respiratory issues, kidney stones (current/past), diabetes)

_____
_____
_____

7. Please note that as the OICC is an integrative clinic, patients may elect to use other services here including acupuncture, massage therapy, physiotherapy, reiki, reflexology, yoga therapy, cannabis prescription, counselling, group programming and others. Please let us know if there are treatments that you do not wish your patient to access by writing them here.

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COMPLETE THIS SECTION FOR ALL REFERRALS:

8. Referring practitioner:
Name/designation: _____ Phone #: _____

9. Your patient's information:
Name: _____ Date of birth (DD/MM/YYYY)_____

Phone number: _____

Thank you for your referral to the OICC. Your patient will be contacted and an appointment scheduled as per your request above.

OICC
OTTAWA INTEGRATIVE CANCER CENTRE
CCIO
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