



# Outpatient Palliative Care Clinic Referral Record

Phone: 905-632-3737 ext. 2108

Fax: 905-336-6492

Hours of Operation: Monday to Friday 8:00 a.m–4:00 p.m.

**\*LACK OF INFORMATION MAY DELAY APPOINTMENT SCHEDULING\***

### Patient Information

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

NP CLINIC

PALLIATIVE CLINIC

Date of referral (d/m/y): \_\_\_\_\_ Referred by: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Our clinic practices in a shared care model with family physicians. Please note we do not take over care. It is essential that the family doctor is aware of and consents to the referral.**

Attached letter faxed to family doctor

Diagnosis: \_\_\_\_\_ Prognosis: \_\_\_\_\_ weeks/months/years

Palliative Performance Scale Level: \_\_\_\_\_ % On Palliative home care?: YES NO

### REASON FOR REFERRAL: (Domains of issues on reverse side)

- Pain Management
- Symptom Management
- Practical Issues (ADL'S etc.)
- Death Management Issues
- Social Issues (Relationships, Financial, Legal)
- Loss and Grief
- Spiritual Issues (Meaning, Faith/Religion)
- Psychological Issues (Coping, Family function, etc.)

CURRENT CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENCLOSED ARE MOST RECENT: Lab Work (CBC, LFT, renal function) Imaging Consult Notes

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Signature/Status: \_\_\_\_\_ Phone number: \_\_\_\_\_