Hospice Peterborough & Peterborough Palliative Physicians Referral Form

☐ **Palliative Physician**	***Palliative Physician Consultation*** ☐ First available or Please specify physician requested:_____
☐ **Hospice Services**	☐ Palliative Care Community Team (PCCT) ☐ Other Hospice Services
☐ **Hospice Residence**	☐ Client is in the approximate last 2 weeks of life ☐Client is to be considered for future admission
Statement	**The client consented to a referral to Hospice Peterborough for the purpose of:** ☐ Consult with Palliative Physician ☐ Participation in Hospice programs/services/residence

	Palliative Client	**Contact**
PPS: ☐ 90% ☐ 80% ☐70% ☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐ 20% ☐ 10% ☐ **Resuscitation status:** **☐ DNR Discussed** **☐ Yes ☐ No**	Name: _____ DOB: _____ / _____ / _____ Gender: _____ Address: _____ Telephone: _____ OHIP#: _____ VC_____	Name: _____ Relationship to client: _____ Telephone: _____ ***Please specify who to contact regarding referral*** ☐ Client ☐ Caregiver ☐ Family

Additional information to be included if not already a client of Hospice	Primary Diagnosis (& co-morbidities): Is client/family aware of prognosis/diagnosis? Client: ☐ Yes ☐ No Family: ☐ Yes ☐ No Date of Diagnosis: _____ / _____ / _____ (DD MM YYYY) Prognosis: _____ _____ (Months Weeks)
Current Services in Place	☐ LHIN Home & Community Care ☐ Family Health Team ☐ Cancer Treatment Centre(name) :_____ ☐ Other:_____

Referring Individual

Referring Health Care Provider: _____

Tel: _____ Fax: _____Client's Family Physician: _____

OHIP Billing #: _____

Additional Supporting Information

****Please attach any supporting documentation - clinical notes, investigations, recent medication list, etc.****

Please fax to: 705-742-0064

Eligibility Criteria for Admission:

- Require end of life care in the last weeks of life- prognosis days to weeks.
- Palliative Performance Scale of 30% or less or rapid decline in performance scale
- Established plan of care with no further investigations planned
- Expected length of stay 2 weeks or less
- Client or substitute decision maker consents to admission and has knowledge of the residence guidelines
- DNR