

## Haldimand Norfolk Home & Community Care Palliative Care Outreach Team Referral Form

Fax: 519-426-4384

Patient Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Patient Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Preferred Language \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

### Supports Requested (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Pain & Symptom Management             | <input type="checkbox"/> Psychosocial –Spiritual Support / Bereavement |
| <input type="checkbox"/> Goals of Care / Advance Care Planning | <input type="checkbox"/> Mentorship / Coaching for provider(s)         |

### Primary Health Care Provider Information

MRP Name \_\_\_\_\_ Billing # \_\_\_\_\_

MRP Phone \_\_\_\_\_ Backline or Cell \_\_\_\_\_ MRP Fax \_\_\_\_\_

MRP aware of referral request?  Yes  No      Discussion completed with MRP for PCOT referral?  Yes  No

### Clinical Information

Primary Diagnosis \_\_\_\_\_ PPS \_\_\_\_\_

Secondary Diagnoses / Comorbidities \_\_\_\_\_

Prognosis  Days  Weeks  greater than 3 months      DNR in place  Yes  No

Main Concern \_\_\_\_\_

Nursing Agency and key contact \_\_\_\_\_

- Attachments:  Medical Summary / Health History     Consult / Progress Notes     Other Notes  
 Pertinent Diagnostic Tests     Current Medication List     Pharmacy Information

### Referrer Information

Referral requested by:  Primary Care     Nursing Provider     Patient/Caregiver     Other: \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_

Contact # \_\_\_\_\_ Date \_\_\_\_\_

The **Haldimand Norfolk Home & Community Care Palliative Care Outreach Team (PCOT)** is a team of Nurse Practitioners and Psychosocial Spiritual Bereavement Clinician who practice as an inter-professional team.

The PCOT team have **shared accountability with primary care** for patients requiring a palliative approach to care.

The team is a source of expert advice and consultation that provide specialist palliative care services for patients with complex needs mainly in their homes or place of residence.

The services available are:

- Pain & symptom management support
- Psychosocial-spiritual support, including bereavement
- Mentorship & coaching to build capacity with Primary Care and Service Providers

### **Eligibility Criteria:**

Patients, along with their families/caregivers, are eligible for services if they meet most of the following criteria:

- Live in the Haldimand Norfolk area
- Diagnosed with a life-limiting progressive disease
- Complex symptoms
- Meets the Gold Standard Framework "surprise" question:
  - *Would you be surprised if this person were to die within the next 12 months?*
  - *Are there general signs of decline?*
- Complex needs (e.g., social determinants of health)
- Challenges with goals of care discussions/care planning
- Declining functional status
- Complex or potentially complex psychosocial/spiritual needs for the patient and/or family/caregiver

### **How to access to the team:**

1. Complete Haldimand Norfolk Home and Community Care PCOT referral form (see reverse page) and send supporting documents:
  - Medical summary/ health history
  - Pertinent diagnostic tests
  - Current medication lists
  - Pharmacy information
  - Consult/ progress notes
  - Other notes
2. Fax to: **519-426-4384**

**INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS**