

Mississauga Halton CCAC Nurse Practitioner (NP) Palliative Care Referral Form

| Please complete and fax to 905-855-8989 | | | |
|--|--|---|--|
| Patient Contact Information | | | |
| Patient Surname: | | Patient First Name: | |
| Date of Birth: (DD/MM/YY) | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Health Card Number & Version Code: | | BRN (if known): | |
| Home Phone Number: | | | |
| Home Address: | | | |
| Patient Information/Physician Information | | | |
| Primary Diagnosis: | | Metastases (if cancer): | |
| Secondary Diagnosis: | | MRP Identified: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MRP Name: | | MRP Phone Number: | |
| Family Physician (FP): | | FP Phone Number: | |
| Current PPS % (see chart below): | | | |
| Prognosis: | <input type="checkbox"/> < 12 months <input type="checkbox"/> < 6 months <input type="checkbox"/> < 3 months | <input type="checkbox"/> < 1 month <input type="checkbox"/> Patient with Palliative Care needs regardless of prognosis or diagnosis | |
| Referral Information | | | |
| <p><u>URGENCY: 90-95% of patients to be seen within 5 business days or less</u></p> <input type="checkbox"/> 1 Severe symptoms; severe psychosocial distress or dysfunction <input type="checkbox"/> 2 Moderate symptoms; moderate psychosocial difficulties <input type="checkbox"/> 3 No or mild symptoms | | | |
| <p><u>Reason for Referral</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Complex and/or refractory pain and symptom management <input type="checkbox"/> Complex and/or refractory psychosocial needs of patients and families <input type="checkbox"/> Development of goals of care and/or end-of-life planning <input type="checkbox"/> Other: </div> <div style="width: 45%;"> <input type="checkbox"/> Shared care with most responsible provider (MRP) <input type="checkbox"/> Strategies to reduce repeated unnecessary ER visits or hospitalizations <input type="checkbox"/> Complex hospital discharge or other transitions </div> </div> <p>Please explain:</p> | | | |
| <p><u>Referral Information Required</u></p> <p>Attach consultations and recent clinical notes (Mandatory for referrals outside of MH region)</p> <p>Other clinicians/referrals made/involved:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Referring Clinician: Completed by (print): Designation: </div> <div style="width: 45%;"> Phone Number: Date (DD/MM/YY): Phone Number: </div> </div> | | | |

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Palliative Performance Scale (PPSv2) version 2

| PPS Level | Ambulation | Activity & Evidence of Disease | Self-Care | Intake | Conscious Level |
|-----------|----------------------|--|--|--------------------|---------------------------------|
| 100% | Full | Normal activity & work No evidence of disease | Full | Normal | Full |
| 90% | Full | Normal activity & work Some evidence of disease | Full | Normal | Full |
| 80% | Full | Normal activity <i>with</i> Effort Some evidence of disease | Full | Normal or reduced | Full |
| 70% | Reduced | Unable Normal Job/Work Significant disease | Full | Normal or reduced | Full |
| 60% | Reduced | Unable hobby/house work Significant disease | Occasional assistance necessary | Normal or reduced | Full or Confusion |
| 50% | Mainly Sit/Lie | Unable to do any work Extensive disease | Considerable assistance required | Normal or reduced | Full or Confusion |
| 40% | Mainly in Bed | Unable to do most activity Extensive disease | Mainly assistance | Normal or reduced | Full or Drowsy +/- Confusion |
| 30% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Normal or reduced | Full or Drowsy +/- Confusion |
| 20% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Minimal to sips | Full or Drowsy +/- Confusion |
| 10% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Mouth care only | Drowsy or Coma +/- Confusion |
| 0% | Death | - | - | - | - |

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