

**Niagara Palliative Care Outreach Team Referral Form**

Phone: 905-984-8766 x263 Fax: 905-934-9430

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

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

Patient Phone # \_\_\_\_\_ Preferred Language \_\_\_\_\_ Patient Aware of Referral  Yes  No

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

**Service(s) Requested (please check all that apply)**

- Medical Team  Psychosocial – Spiritual Counselling  Caregiver Support  Bereavement Follow-up  
 Visiting Volunteer  Day Hospice

**Primary Health Care Provider Information**

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

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

MRP aware of referral request?  Yes  No  Unknown

**Patient Information**

Primary Diagnosis \_\_\_\_\_ Prognosis:  Days  Weeks  Months

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

Reason for Referral / Main Concerns \_\_\_\_\_

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

**Performance Status (please place a checkmark beside the estimated Percentage)**

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

**Signature**

Referring Practitioner Name \_\_\_\_\_ Position \_\_\_\_\_

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

The **Niagara Palliative Care Outreach Team (PCOT)** is a group of specialists, including Nurse Practitioners, Palliative Care Clinician, Navigator and Psychosocial Counsellors.

The PCOT team have **shared accountability with primary care** for patients requiring a palliative approach to care and rely on primary care physicians to continue managing primary care issues.

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

**The services available are:**

- Complex pain & symptom management support for end-of-life issues
- Psychosocial-spiritual support, including bereavement follow-up
- Mentorship & coaching

**Eligibility Criteria**

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

- Live in the Niagara Region
- Diagnosed with a life-limiting progressive illness
- Complex symptoms relating to end of life illness that cannot be managed by current care team    Meet 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?*
- End of life complex needs (e.g., social determinants of health)
- Challenges with goals of care discussions/care planning
- Recent declining functional status
- Complex end of life psychosocial/spiritual needs for the patient and/or their family/caregiver
- On service with Home and Community Support Services Hamilton Niagara Haldimand Brant (if not, please complete HCCSS HNHB referral at the same time)

**Note:** Patients of Family Health Teams or Physician’s office’s that have existing Palliative Community Teams or practitioners comfortable with providing palliative care/complete home visits, should continue to support their patients in the community.

The Niagara PCOT team will accept referrals for psychosocial, spiritual and bereavement supports in cases where no medical support is required.

Referral for a hospice bed only, with no medical or psychosocial need from the PCOT team, requires only a Home and Community Care Support Services Hamilton Niagara Haldimand Brant Hospice Referral.

**How to access the team:**

1. Complete the Niagara PCOT referral form (see reverse page) and send appropriate documents:
  - Medical summary, health history      ○ Pharmacy information
  - Pertinent diagnostic test              ○ Consult/progress notes
  - Current medication lists                ○ Other Notes
2. For general inquiries call 905-984-8766 x263

**\*INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS\***

**\*\*REFERRALS RECEIVED AFTER 2PM MAY NOT BE TRIAGED UNTIL THE FOLLOWING BUSINESS DAY\*\***