

Hamilton Palliative Care Outreach Team Referral Form

Phone: 289-919-1165 Fax: 905-574-6335

Patient I	nformation					
Patient Name				HCN	VC	DOB
Address			City		Province	Postal Code
Patient Phone #			Contact Name		Contact Phone	
Preferred Language			Gender		Preferred Pronoun	
Primary	Health Care	Provider Informa	tion			
MRP Na	ame				Billing #	
			Backline or Cell			
			quest? ☐ Yes ☐ No ☐ Unkn			
Medical	I Information	1				
Primary	Diagnosis					
Seconda	ary Diagnoses	s / Comorbidities _				
Prognosis ☐ Days ☐ Weeks ☐ Less than 6 months ☐ Less than 1 year ☐ DNR in place ☐ Yes ☐ No Main Concern/Reason For Referral ☐ DNR in place ☐ Yes ☐ No						
	□ Curre	ent Medication List	History		tes Pertine	nt Diagnostic Tests
enoni	PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
	100%	Full	Normal activity & work	Full	Normal	Full
	90%	Full	No evidence of disease Normal activity & work	Full	Normal	Full
_ <u></u>	80%	Full	Some evidence of disease Normal activity <i>with</i> Effort	Full	Normal or reduced	d Full
	70%	Reduced	Some evidence of disease Unable Normal Job/Work	Full	Normal or reduced	
	60%	Reduced	Significant disesae Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	d Full or Confusion
	50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	d 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 Drowey
	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	Full or Drowsy +/- Confusion
	0%	Death				., Johnson
Signatu	ıre					
Referral	Source Name	e & Agency			Position	
Signatu	rΔ		Conta	ct#	Date _	





The **Hamilton Palliative Care Outreach Team (PCOT)** is a group of specialist providers from multiple organizations who practice as an interprofessional 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

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 Greater Hamilton 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?
 - o 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

Note: Patients of McMaster or Stonechurch Family Health Team have an existing Palliative Community Team within their practice to support their patients in the community. For pain and symptom management, please refer to their primary care provider.

How to access to the team:

- 1. Complete Hamilton 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: 905-574-6335
- 3. For additional inquiries, contact the Hamilton PCOT Clinical Navigator at 289-919-1165

INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS



