

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 _____ CPSO/CNO# if known _____

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