

Palliative Nurse Practitioner Referral Form	Patient Name _____
	Address _____
	City _____ Postal Code _____
	Primary phone # _____
	DOB (dd/mm/yyyy) _____
	HCN _____ VC _____

Patient meets palliative Nurse Practitioner (NP) referral criteria (see page 2 for eligibility guideline)

Alternative patient contact: _____ Phone# _____ SDM Other _____

Reason(s) for Palliative Care Referral	Health Information
<input type="checkbox"/> Pain and symptoms management <input type="checkbox"/> End of life care planning & decision making <input type="checkbox"/> Other: _____ (NB: Initial NP consultation is within 5 days after referral is triaged and accepted. Referral source will be notified accordingly)	Primary Diagnosis: _____ Date of Diagnosis: (mm/yyyy) _____ Metastasis and other past medical history (if applicable): _____ Functional Status/PPS (see page 2 for PPSv2 scale): _____ % Resuscitation discussed?: <input type="checkbox"/> YES <input type="checkbox"/> NO DNR-C completed <input type="checkbox"/> YES <input type="checkbox"/> NO

ESAS Symptoms/Palliative Needs Screening

(Check mark those that apply and provide a severity score of 0 – 10 if available: 0 = no symptom; 10 = worst symptom possible)

Pain Fatigue Drowsiness Nausea Lack of appetite SOB Depression Anxiety

Wellbeing Constipation Other: _____

Please Attach the Following Supporting Documentation (Mandatory if not available in Connecting Ontario)

Current medications and treatments (including palliative Symptoms Management Kit if applicable)

Diagnostic investigation results (imaging, recent laboratory and pathology reports)

Recent clinical consultation notes and/or care protocols

Referring Source	Most Responsible Provider (If different from Referral Source)
Name: _____ Designation: _____	Name: _____ <input type="checkbox"/> MD <input type="checkbox"/> NP
Organization: _____ Phone # _____	Organization: _____
Fax #: _____	Phone # _____ Fax #: _____
Signature: _____	
Date: _____	

Return completed form to Home and Community Care Support Services, Central West via **Fax: (905) 796 4693** For questions, please call Palliative NP Team Assistant at Tel: 905 796 0040 ext. 7385

Palliative Nurse Practitioner Eligibility Guideline

1. Patient has a life limiting illness (e.g. Cancer, COPD/respiratory failure, CHF, Renal Failure, Neurological condition (e.g. Dementia, Stroke, ALS, MS, Parkinson’s Disease (PD), Progressive Supranuclear Palsy (PSP), Huntington’s, etc.) or General Decline. Note: *Dementia, Stroke, MS, PD, PSP, Huntington’s, and frailty must have a PPS of 30% or less and evidence of progressive decline;*
2. Prognosis of 12 months or less; (refer to “Early Identification Tool” See Link <https://www.ontariopalliativecarenetwork.ca/resources/tools-support-earlier-identification>)
3. Patient or designated SDM consent to a palliative approach to care and to NP- Palliative service; and
4. Patient has unmanaged palliative symptoms.

Eligibility: ALL four criteria above must be met in order to receive NP - Palliative service.

Palliative Performance Scale Version 2 (PPSv2)

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 No evidence of disease	Full	Normal	Full
80%	Full	Normal activity with 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	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance	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 most activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do most activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do most activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/-
0%	Death	–	–	–	–

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