Ontario Health atHome

Palliative Patient Registry Referral Form

Fax completed form to: 416 222-6517 / 905 952-2404

This form is not intended to communicate urgent health care needs. If you are referring a patient for urgent Ontario Health atHome services, please complete a Medical Referral Form.

Ontario Health atHome Palliative Patient Registry supports patients who benefit from a palliative approach to care. Suitable patients are those who are in the end stage of a life limiting illness.

Once admitted to the Palliative Patient Registry, individuals will be regularly assessed, supported and linked to palliative resources by an Ontario Health atHome Care Coordinator.

PATIENT INFORMATION

_____
(Last Name, First Name)

Home Address: _____ **DOB (dd-mmm-yyyy):** _____

City: _____ **Postal Code:** _____ **Home Phone:** _____

Health Card Number and Version Code: _____ **Gender:** ☐ Male ☐ Female

Primary Contact:	Phone:
Primary Care Practitioner:	Phone:
Primary Diagnosis:	
Co-Morbidities:	
Has Advanced Care Plan been discussed? ☐ Yes ☐ No	
Is there a DNR in place? ☐ Yes ☐ No	
Estimated life expectancy 12 months or less? ☐ Yes – Proceed to complete rest of the form	☐ No – Do not refer to registry at this time

Palliative Performance Scale (PPS) Score:

☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

Please check off general indicators of decline:

☐	Advancing disease – unstable, deteriorating complex symptom burden	☐	Co-morbidity is regarded as the biggest predictive indicator of mortality and morbidity
☐	Decreasing response to treatments, decreasing reversibility	☐	Weight loss greater than 10% in past six months
☐	Choice of no further disease modifying treatment	☐	Repeated unplanned/crisis hospital admissions
☐	General physical decline	☐	Sentinel event, e.g. serious fall, bereavement, retirement on medical grounds
☐	Declining functional performance status, i.e. PPS less than or equal to 60%, reduced ambulation, increasing dependence in most activities of daily living	☐	Serum albumin Less than 25 g/L

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(Patient Last Name, First Name)

Health Card Number and Version Code:

Please check off specific clinical indicators of End Stage Disease:

CANCER	LUNG DISEASE (COPD)	HEART DISEASE (CHF)
☐ Metastatic disease ☐ Spending more than 50% of time in bed/lying down	☐ Disease assessed to be very severe (FEV1 less than 30% predicted) ☐ Recurrent hospital admissions (more than 3 in the last 12 months due to COPD) ☐ Dyspnea after 100 m on the level ☐ Signs and symptoms of right heart failure ☐ More than 6 weeks of systemic steroids for COPD in preceding 6 months	☐ Stage 3 or 4 ☐ Shortness of breath on minimal exertion ☐ Difficult physical or psychological symptoms despite optimal tolerated therapy
RENAL DISEASE	**NEUROLOGICAL DISEASE**	**DEMENTIA**
☐ Stage 4 or 5 ☐ No dialysis or discontinuing dialysis ☐ Difficult physical or psychological symptoms ☐ Symptomatic – nausea, vomiting, anorexia, pruritus, reduce functional status, intractable fluid overload	☐ Symptoms which are too complex or too difficult to control ☐ Swallowing problems with recurrent aspiration pneumonia, sepsis, breathlessness or respiratory failure ☐ Speech problems ☐ Communication problems ☐ Cognitive decline ☐ Marked rapid decline in physical status ☐ Weight loss ☐ Low vital capacity (below 70% via spirometer)	☐ Unable to walk without assistance ☐ Urinary and fecal incontinence ☐ No meaningful verbal communication ☐ Weight loss ☐ Urinary Tract Infection (UTI) ☐ Pressure sores ☐ Reduced oral intake ☐ Aspiration pneumonia

Please check off palliative resources you are suggesting:

☐ Caregiver Support ☐ Day Hospice ☐ End-of-Life Planning ☐ Hospice Volunteer ☐ Hospice Palliative Care (Advanced Practice Nurse)	☐ Medication Management ☐ Palliative Physician ☐ Support Group ☐ Transportation to Appointments ☐ Visiting Hospice Program	Non-Urgent Services: ☐ Home Safety Assessment ☐ Palliative Nurse Practitioner ☐ Personal Support ☐ Visiting Nursing

Comments:

Completed By: **Date:** *(dd-mmm-yyyy)*

Professional Designation:

Organization: **Phone:**

If you have any questions, please call 905 895-1240 or 416 222-2241 ext. 5562