Ontario Health atHome

Palliative Nurse Practitioner Referral Form	Patient Name: Address: City: Postal Code: Telephone: D.O.B ___/___/___ HCN: VC: DD/MM/YY
☐ Patient has consented to Palliative Nurse Practitioner (NP) referral ☐ Patient meets Palliative NP Program referral criteria (see page 2 for eligibility guideline)	
Alternative Contact Name: Telephone:	Relationship: ☐ POA/SDM ☐ Spouse ☐ Other:_____ Alt. Telephone:

Reason(s) for Palliative Care Referral	**Health Information**
☐ Pain and Symptom Management ☐ End-of-Life Care Planning & Decision Making ☐ Other:	Primary Palliative Diagnosis: Date of Diagnosis: :Other Relevant Diagnosis/Symptoms: Palliative Performance Scale 0 % Resuscitation discussed: ☐ YES ☐ NO DNR–C completed: ☐ YES ☐ NO

ESAS Symptoms/Palliative Needs Screening

(Check 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:_____

Referral Checklist (include if available) OR Supporting Documents (attach if available):

☐ Recent clinical consultation notes
☐ Current medications
☐ Diagnostic investigation results (imaging, recent laboratory and pathology reports)

Referral Source	**Most Responsible Provider (If different than Referral Source)**
Name: Designation: Organization: Phone #: Fax # Signature: Date:	Name: ☐ MD ☐ NP Organization: Phone #: Fax #:

Palliative Nurse Practitioner Program Eligibility Guideline

Eligibility Criteria: For a patient to be referred for Palliative NP service **ALL** four criteria below must be met:

1. ☐ Patient has a life-limiting illness **AND** a general decline;
2. ☐ Prognosis of 12 months or less;

   Note: Dementia, Multiple Sclerosis, Parkinson's Disease, Progressive Supranuclear Palsy, Huntington's Disease, and frailty must have a PPS of 20% **AND** evidence of significant functional decline. Refer to *Tools to Support Earlier Identification for Palliative Care* https://www.ontariopalliativecarenetwork.ca/resources/tools-support-earlier-identification
3. ☐ Patient or designated substitute decision-maker (SDM) consent to a palliative approach to care; and
4. ☐ Patient has unmanaged palliative symptoms.

Additional Requirements:

- Please confirm that the patient is not already receiving specialized palliative care support before sending a referral. If the patient is supported by a palliative specialist, only send a referral if requested by the palliative specialist.

- Patients will need to continue to receive support from their primary care practitioner (a family physician or NP) if accepted into the Palliative NP Program. If a patient does not have a primary care practitioner, please refer to the Health Care Connect Program (905-796-0040 ext. 7798 or Toll-free 1-800-445-1822) to secure a primary care practitioner.

Patients will be discharged from the Palliative NP Program if they stabilize and/or no longer meet program criteria.

Please return this completed form to Ontario Health atHome by Fax: (905) 796 4693. For questions, please call Palliative NP Team Assistant at Tel: 905 796 0040 ext. 7385