



NORTH SHORE PALLIATIVE AND SUPPORTIVE CARE PROGRAM REFERRAL

FAX completed referral to LGH PCU at 604 984 3798.

Referrals will be processed in 3 business days. For more urgent referrals, please call the Palliative Physician on call at 604 984 5738.

The stage of disease and treatment among patients requiring Palliative and / or Supportive care varies greatly. Understanding the reason for this referral will help provide the best possible care.

Reason for Referral

Date of referral: _____

Pain and symptom control or supportive care consultation

Palliative Care planning consultation

Registration with NSPSCP for Palliative Care

- patient must be a resident of the North Shore

- NS Physician who will be responsible for ongoing Palliative Care (LGH privileges not required): _____

Complete 1 through 6

1. Name: _____ PHN: _____ DOB: _____

Patient telephone: _____ Patient address: _____

2. Location of patient: Home In-patient Unit: _____

3. Referred by: _____ Contact number: _____

4. Patient and / or family aware of referral? Yes No If no, please explain: _____

5. Prognosis: <1yr <3 months Days / weeks Imminently terminal

6. Diagnosis (Check all that apply)

Metastatic Cancer	Type:
CHF / COPD	Severe disease or >2 Exacerbation hospital admissions in 365 days.
ALS / Motor Neuron Disease	At diagnosis or ASAP.
CVA	Persistent vegetative state, post CVA dementia or no improvement in 3 months.
Endstage Kidney Disease	No option or no choice for dialysis or transplant or severe comorbidities.
Dementia / Frailty	Palliative Performance Scale <50%. Patient with extensive disease, unable to do most activities, needs considerable assistance with self care and may have normal or reduced intake.
Parkinsons	Reduced independence, swallowing problems, reduced drug effectiveness.
Other - please elaborate	

Please attach any relevant clinical information and any relevant, completed forms.