



Physician Referral Form

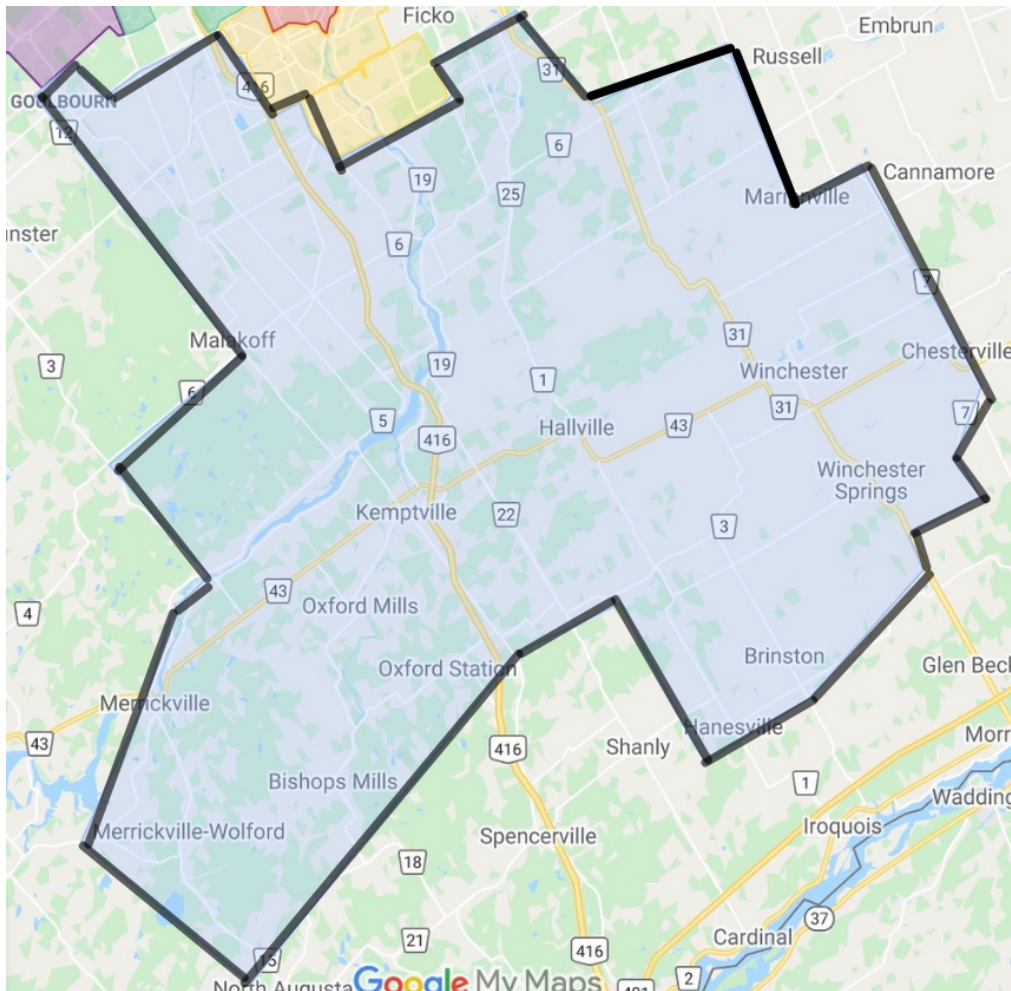
- Our physicians offer symptom management and end-of-life care to enable patients in the final phase of a life-limiting illness to be supported in a home setting
- Please fax completed referral to 343-888-8889
- Please attach all relevant info including medication list, latest Oncology/specialist consultation (if applicable), latest hospital discharge summary, recent labwork and imaging, etc
- Transfer of care to the palliative care physician occurs only once the patient has been assessed and accepted

Referral Criteria:

- Patient has a life-limiting illness and is not planning to receive further curative treatment
- Patient's Palliative Performance Scale score is as follows: 40% or below for most malignant disease; 30% or below for end-stage chronic disease
- Referring physician must seek consent from patient's family doctor to pursue the referral
- Home care services through the LHIN must be in place

Area served:

For map of all Ottawa area community palliative coverage see: <http://bit.ly/ottawapalliativecaremap>





Patient or POA wishes to be contacted by their local hospice to learn about non-medical services such as visiting volunteers, day hospice, equipment lending, grief counselling, etc. YES or NO

Patient Info: Please Print (no labels)

Name:	Street Address:
DOB:	Town/City:
Gender:	Phone #:
OHIP Card #:	Caregiver Name/Phone #:

Patient Medical Status:

Reason for Referral:

Primary Diagnosis:

Date of Diagnosis:

Is patient admitted to hospital: YES or NO Anticipated discharge date:

Prognosis: Days Weeks Months

Comorbid conditions:

Goals of care/Category status:

****PPS**** (Palliative Performance Scale):

Physician Info:

Referring Physician Name:	Family Doctor Name:
Phone # (Direct):	Family Doctor HAS BEEN CONTACTED and DECLINES to provide end of life care: YES
Fax # (Direct):	Patient receiving home-based palliative nursing: YES or NO

Physician Signature: _____

OHIP Billing #: _____

Fax completed referral to (343) 888-8889

For any urgent inquiry call (613) 518-1422

www.rideaupalliativegroup.ca