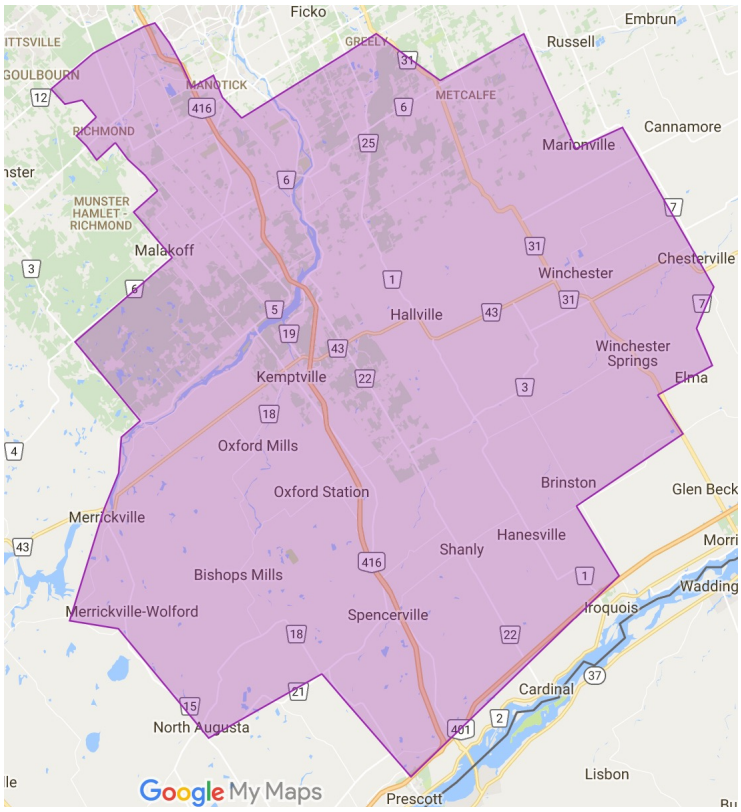
RIDEAU PALLIATIVE GROUP

Beth Donovan Hospice

Physician Referral Form

- In partnership with the Beth Donovan Hospice (BDH), 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 BDH at 613-258-9651**
- 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

Area served:



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

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Patient or their POA agrees to be contacted by their local hospice to learn about non-medical services such as visiting volunteers, day hospice, equipment lending, grief counselling, etc. ☐

Patient Info:

Is the consultation urgent (needed in < 3 days)? ☐

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

Patient Medical Status:

Reason for Referral:

Primary Diagnosis:

Date of Diagnosis:

Prognosis: Days ☐ Weeks ☐ Months ☐

Comorbid conditions:

Symptoms	Controlled	Not Controlled	**Symptoms**	Controlled	Not Controlled
Pain			Poor sleep		
Dyspnea			Delirium		
Nausea			Depression		
Constipation				**PPS:**	

Physician Info:

Referring Physician Name:	Family Doctor Name:
Phone # (Direct):	Family Doctor aware of referral: ☐
Fax # (Direct):	Patient is on LHIN Palliative Caseload: ☐

Physician Signature: _____ **OHIP Billing #:** _____

Fax completed referral to BDH at (613) 258-9651. For any urgent inquiry call (613) 266-4644.
www.rideaupalliativegroup.ca info@rideaupalliativegroup.ca