Trillium Health Partners

THP PALLIATIVE CARE AMBULATORY REFERRAL FORM

Telephone Number: 905-813-1100 extension 5143
Fax Number: 905-813-4024

Account Number: _____

Patient Name: _____

Date of Birth: _____

Gender: _____

Healthcard Number: _____

Unit Number: _____

Patient Contact Information

Street Number: _____ Apt/Unit Number: _____ City-Province: _____

Postal Code: _____ Home Number: _____ Other Phone Number: _____ Spoken Language: _____

Interpretation required: ☐ Yes ☐ No Alternate Contact Name: _____ Alternate Contact Number: _____

Person to contact with Appointment: Patient ☐ Alternate ☐

Family MD Name: _____ MD Contact Phone Number: _____

Referral Information

☐ Patient had consented to Palliative Referral ☐ LHIN Palliative Care Home Care Referral Completed

Primary Diagnosis:

Is Patient aware of Diagnosis? ☐ Yes ☐ No ☐ Does not wish to know

Is Patient aware of Prognosis: ☐ Yes ☐ No ☐ Does not wish to know

Other Medical Diagnosis:

Prognosis: ☐ <2 weeks ☐ 1 month ☐ <3 months ☐ <6 months ☐ <12 months ☐ >one year

Palliative Performance Scale: (See page 2 for Palliative Performance Scale)

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

Reason for Referral / Specific Concerns:

URGENCY

☐ Urgent (<2 week) e.g. pain or symptom crisis, rapid decline

☐ Routine (2-4 weeks) e.g. psychosocial: family support, pain/symptom management, advanced care planning; information/education regarding palliative care; transitionsing to end-of-life

Information Required with Referral

☐ Medications and Doses ☐ Consultations and Recent Clinical Notes ☐ Laboratory and Diagnostic Imaging

Patient OHIP Billing Number: _____

Referring MD Name: _____ Phone Number: _____ Fax Number: _____

MD Signature: _____ Date: _____

For Office Use Only

Appointment Date: _____ Appointment Time: _____ MD Name: _____

Appointment Given To: ☐ Patient ☐ Other: _____

Date Notified: _____ Date Received: _____ Staff Signature: _____

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Referral To THP Palliative Care Ambulatory Team

Please note:
1. All patients must consent to referral to our program.
2. A Diagnosis, Reason for referral, Palliative Performance Scale and Prognosis must be provided for all patients to ensure timely, efficient and effective navigation.
3. Referrals must be accompanied by appropriate clinical information including consultations and clinical notes, laboratory and diagnostic information and medications with dosages.
4. If prognosis is less than one year and the patient has a functional decline please initiate a referral to the LHIN Palliative Care Homecare Services.

Any patient with a life threatening illness may be referred to the Palliative Care Team at Trillium Health Partners. Referrals will be triaged to the most appropriate provider based on geography, complexity and assessed needs.
Our team may advise on and refer to appropriate resources beyond our team, and/or provide a one-time consult, or ongoing care based on the above criteria. Care may be provided virtually, in clinic or by a home visit depending on patient care needs.

A Circle Of Care
Victoria Hospice SOCIETY

Palliative Performance Scale (PPSv2)
version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable to do Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance reqired	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-