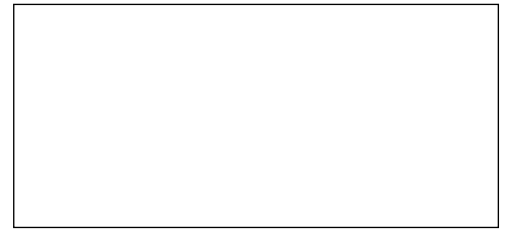




**Lakeridge  
Health**

**Durham Regional Cancer Centre (DRCC)  
Palliative Care Referral Form**

PHONE: 905-576-8711 ext. 33931  
FAX: 905-721-4764



Date of referral: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
(If not referring physician)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Health Card #: \_\_\_\_\_ VC: \_\_\_\_\_  
(first name, last name)

Date of birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

Address: \_\_\_\_\_ Language spoken:  English  French  Other \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Patient's Substitute Decision Maker(s): 1. \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
2. \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Has the patient completed a Power of Attorney for Personal Care document?  Yes  No  Unknown

Is the patient (or their Substitute Decision Maker, if appropriate) aware of this referral?  Yes  No

Diagnosis:  Cancer  Non-cancer

If cancer, primary site: \_\_\_\_\_ metastatic sites: \_\_\_\_\_

If non-cancer, primary diagnosis: \_\_\_\_\_ **(NB: home visiting program will see only those near end of life, with prognosis of few weeks with comfort focused care)**

**Reason(s) for referral:**

- pain  anorexia  delirium  constipation/diarrhea  nausea/vomiting  dyspnea  fatigue
- anxiety  depression  spiritual/psychosocial support  advance care planning  end of life care

Intent of cancer treatment:  curative  palliative  best supportive care  unknown

**Urgency of referral:**

- urgent (within 48 hours) **\*\* Referring physician to call 905-579-8711 ext 33200. Ask to have the CPOC team paged**
- semi-urgent (3 to 7 days)  non-urgent (7-14 days)

**Anticipated prognosis:**

- Less than 1 week **\*\* Referring physician to call 905-579-8711 ext 33200. Ask to have the CPOC team paged**
- 1 to 4 weeks  1 to 3 months  3 to 6 months  6 to 12 months  More than 12 months

**Palliative Performance Scale (PPS) – see page 2 for reference**

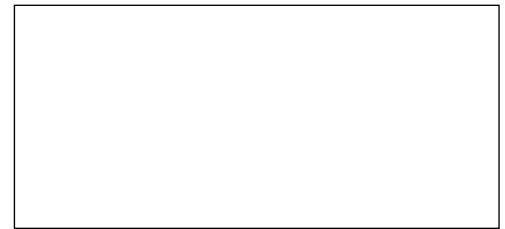
- 100%  90%  80%  70%  60%  50%  40%  30%  20%  10%

**\*\* Recommend a referral to Home and Community Support Services if the PPS is equal to or less than 40%.**

Are Home and Community Support Services already in place?  Yes  No  Unknown

Code status  Full code  DNAR  Have not discussed with the patient





**Instructions**

1. This Palliative Care referral form needs to be filled out for all referrals made to our programs. Failure to do so will cause a delay for the patient to be seen.
2. Referrals **MUST** be accompanied by appropriate clinical information. This includes consultation and clinical notes, laboratory and diagnostic information and medications with dosages.
3. The patient remains under your care for pain and symptom management until seen by the Palliative Care Program.
4. Follow-up care may be:
  - Designated to the referring physician, the family physician or by the Palliative Care Program.
  - Shared between the primary care physician and the Palliative Care Program.
5. The Palliative Care Program does not automatically assume primary care for referred patients.
6. Ideally, a patient should be referred to their local palliative team to enable relationship forming and ongoing follow-up as the disease advances.
7. Oshawa / Whitby / Brooklin program:
  - The program will review eligibility and determine whether patient should be seen in palliative clinic or the Home Visit program.
  - Only adult patients with cancer will be seen by the DRCC Palliative Care Outpatient Clinic.
  - The DRCC Oshawa / Whitby / Brooklin Palliative Home Visit Program will only see patients who are **end of life with comfort focused care goals and prognosis of a few weeks**. Thus, at this time, patients with non-cancer diagnoses who are near end of life (prognosis of a few weeks) with comfort focused care goals, will only be seen by the home visit program.
8. If uncertain of eligibility or any questions, call the DRCC Palliative Care Service at: 905-576-8711 extension 33931.

**Palliative Performance Scale (PPSv2)**

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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 & effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable 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	Occasional assistance required	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 any activity Extensive disease	Total Care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	-	-	-	-

