

Burlington Palliative Care Outreach Team Referral Form

Phone: 1-800-810-0000 Fax: 1-866-655-6402

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Contact Name _____ Contact Phone _____

Preferred Language _____ Gender _____ Preferred Pronoun _____

Supports Requested (please check all that apply)

- Pain & Symptom Management Psychosocial –Spiritual Support
 Goals of Care / Advance Care Planning Mentorship / Coaching for provider(s)

Primary Health Care Provider Information

MRP Name _____ Billing # _____

MRP Phone _____ Backline or Cell _____ MRP Fax _____

MRP aware of referral request? Yes No Unknown MRP has given consent for PCOT referral? Yes No Unknown

Clinical Information

Primary Diagnosis _____

Secondary Diagnoses / Comorbidities _____

Prognosis Days Weeks greater than 3 months

DNR in place Yes No

Main Concern _____

Nursing Agency and key contact _____

- Attachments Medical Summary / Health History Consult / Progress Notes Other Notes Pertinent Diagnostic Tests
 Current Medication List Pharmacy Information

Palliative Performance Status (please place a checkmark beside the estimated percentage)

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

Signature

Referral Source Name & Agency _____ Position _____

Signature _____ Contact # _____ Date _____



The **Burlington Palliative Care Outreach Team (PCOT)** is a group of specialist providers from multiple organizations who practice as an interprofessional team.

The PCOT team have **shared accountability with primary care** for patients requiring a palliative approach to care.

The team is a source of expert advice and consultation that provide specialist palliative care services for patients with complex needs mainly in their homes or place of residence.

The services available are:

- Pain & symptom management support
- Psychosocial-spiritual support, including bereavement
- Mentorship & coaching

Eligibility Criteria:

Patients, along with their families/caregivers, are eligible for the Palliative Care Outreach Team services if they meet most of the following criteria:

- Live in the Burlington area
- Diagnosed with a life-limiting progressive disease
- Complex symptoms
- Meets the Gold Standard Framework "surprise" question:
 - *Would you be surprised if this person were to die within the next 12 months?*
 - *Are there general signs of decline?*
- Complex needs (e.g., social determinants of health)
- Challenges with goals of care discussions/care planning
- Declining functional status
- Complex or potentially complex psychosocial/spiritual needs for the patient and/or family/caregiver

How to access to the team:

1. Complete Burlington PCOT referral form (see reverse page) and send supporting documents:
 - Medical summary/ health history
 - Pertinent diagnostic tests
 - Current medication lists
 - Pharmacy information
 - Consult/ progress notes
 - Other notes
2. Fax to: 1-866-655-6402
3. To Access the electronic copy of this form please click on the link below to the external Home and Community Care Support Services Hamilton Niagara Haldimand Brant website:
<http://healthcareathome.ca/hnhb/en/Partners/for-primary-care-providers>

INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS