



PALLIATIVE CARE COMMON REFERRAL FORM UPDATE/REPORT:

Individual's Last Name _____ First Name: _____

Health Card Number: _____ Version Code: _____

Date of Birth: (DD/MM/YY) _____

Current location: Home Residential hospice Other (Specify address): _____

Hospital _____ Anticipated hospital discharge date: _____

Home Address: _____ Postal Code: _____

Home Phone Number: _____ Alternate Number: _____

Resuscitation Status (if different from original referral):

Do Not Resuscitate Yes No **Discussed with:** Individual Yes No Family Yes No

ESAS Score at the time of this updated referral: _____

(Adapted from Edmonton Symptom Assessment System—ESAS, Capital Health, Edmonton) 0–10: (0 = no symptom, 10 = worst symptom possible):

Date completed: _____

Pain _____ Tiredness _____ Nausea _____ Depression _____ Drowsiness _____ Appetite _____

Well-being _____ Shortness of breath _____ Other: _____

Current Functional status:

Palliative Performance Scale (PPS) at time of referral (refer to Victoria Hospice Society, PPSv2/ Cancer Care Ontario for definition).

PPS: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

List Current Medications (if different from original referral):

Current Infection Control Management Reports/Updates (if different from original referral):

Additional Notes / Updates:

Completed By: print name _____ Signature: _____

Telephone & Pager: _____

Date of this update: _____

Please send directly to your desired hospice palliative care provider(s). Do not send to the Central Hospice Palliative Care Network.

¹ The Palliative Care Common Referral Form was originated from TIPCU (2004). This Form has been adapted from the Toronto Central Palliative Care Network Common Referral Form. Further uses of this Form are permitted, provided the original is unaltered.