Ontario Health atHome

Hamilton Palliative Care Outreach Team Referral Form

Phone: 289-919-1165 Fax: **905-574-6335**

Patient Information

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Contact Name _____ Contact Phone _____

Preferred Language _____ Gender _____ Preferred Pronoun _____

Primary Health Care Provider Information

MRP Name _____ **Billing #** _____

MRP Phone _____ Backline or Cell _____ MRP Fax _____

MRP aware of **and agreeable to** referral request? ☐ Yes ☐ No ☐ Unknown

Medical Information

Primary Diagnosis _____

Secondary Diagnoses / Comorbidities _____

Prognosis ☐ Days ☐ Weeks ☐ Less than 6 months ☐ Less than 1 year DNR in place ☐ Yes ☐ No

Main Concern/**Reason For Referral**

Pharmacy _____

Nursing Agency and key contact _____

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

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

	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 Normal Job/Work Significant disesae	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	Considerable 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	Full or Drowsy +/- Confusion
☐	0%	Death				

Signature

Referral Source Name & Agency _____ Position _____

Signature _____ Contact # _____ Date _____

hope
A JUSTICE-BASED SYSTEM OF PALLIATIVE CARE

Print Clear

Good Shepherd
Faith in people.

Version **24.005**
August 8, 2024

The Hamilton 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 Greater Hamilton 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

Note: Patients of McMaster or Stonechurch Family Health Team have an existing Palliative Community Team within their practice to support their patients in the community. For pain and symptom management, please refer to their primary care provider.

How to access to the team:

1. Complete Hamilton 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: 905-574-6335

3. For additional inquiries, contact the Hamilton PCOT Clinical Navigator at 289-919-1165

INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS

hope
A JUSTICE-BASED SYSTEM OF PALLIATIVE CARE

Good Shepherd
Faith in people.