

THE CARLO FIDANI PEEL REGIONAL CANCER CENTRE  
PALLIATIVE CARE CLINIC  
PATIENT REFERRAL FORM

Telephone: 905-813-1100 x5143 Fax: 905-813-4024

Patient Surname Given Name DOB M/F Does the patient speak English?  Yes  No

Street Apt/Unit # City - Province Postal Code

Home Phone # Other Phone # Health Card # Version Code

Alternative Contact Relationship

Home Phone # Other Phone # Person to contact:  Patient  Alternate

Primary Diagnosis Metastatic Sites Other Complications

Other Medical Diagnoses

Reason for Referral Specify Concerns:

- Pain and Symptom Management
- Psychosocial Support
- End of Life Care

Urgency (see reverse side)  Level 1  Level 2  Level 3 Palliative Performance Scale (10-100)  
(see reverse side)

Information required with referral  Medications and doses  Consultations and recent clinical notes  Laboratory and Diagnostic Imaging

Referring MD Phone Fax Physician # Specialty

Family MD Phone Fax Address

MD Signature: Date:

**For Office Use Only**

Date Received: Appt. Date: Appt. Time: Palliative Care Physician:

Appointment Given To:  
 Patient  Other: \_\_\_\_\_  Referring MD  By phone

Other Action:  By Fax

Date: Staff Signature:



**Information for referring physicians**

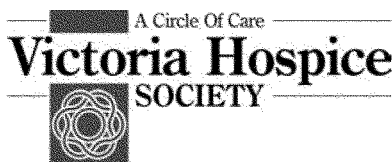
1. Only patients with cancer as their primary diagnosis will be seen in the Palliative Care Clinic.
2. Referrals must be accompanied by appropriate clinical information including consultations and clinical notes, laboratory and diagnostic information and medications with dosages.
3. Referrals are reviewed and appointments scheduled based on the stated urgency (see below), the Palliative Performance Scale (see below) and the patient's residence within the catchment area of the Peel Regional Cancer Centre.
4. The patient will be seen and assessed by a nurse and palliative care physician. A care plan will be developed based on the patient's current needs. The assessment and recommendations will be reviewed with the patient and family and will be provided to the referring physician and the family physician.
5. Follow-up care may be designated to the referring physician, the family physician or to the Palliative Care Clinic. Follow-up care may also be shared between the primary care physician and the Palliative Care Clinic. The Palliative Care Clinic does not automatically assume primary care for all referred patients.

**Urgency** Symptoms are best rated using 10 point scale (0 none, 10 worst) such as the Edmonton Symptom Assessment Scale.

Level 1: Severe symptoms (7-10/10 on analog scale); severe psychosocial distress or dysfunction; prognosis less than 1 month

Level 2: Moderate symptoms (4-6/10); moderate psychosocial difficulties; prognosis 1-3 months

Level 3: Noncurative disease, No or mild symptoms, prognosis 3-12 months



**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 <i>with</i> 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	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	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

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