

Palliative Care Outreach Team Referral Form

Serving the Haldimand, Norfolk, Brant, Brantford, Six Nations and Mississaugas of the Credit First Nations

For Stedman & Six Nations Outreach Team (all areas) - Fax: 519-751-7527

For HCCSS Nurse Practitioners (Haldimand and Norfolk areas only) - Fax: 1-833-305-1947

PATIENT INFORMATION:	
Name _____	HCN _____ VC _____ DOB _____
Address _____	City _____ Province _____
Postal Code _____	Phone # _____ Preferred Language _____ Gender _____
Contact Name _____	Contact Phone # _____
Identifies as Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Would prefer Indigenous Team: <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORTS REQUESTED (please check all that apply):	
<input type="checkbox"/> Pain & Symptom Management	<input type="checkbox"/> Psychosocial –Spiritual Support
<input type="checkbox"/> Grief and Bereavement Support	Please contact your local Care Coordinator for referral to Hospice Beds
PRIMARY HEALTH CARE PROVIDER (PCP) INFORMATION:	
Name _____	Billing Number if known _____
Phone _____	Backline or Cell _____ Fax _____
PCP aware of and in agreement with referral request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLINICAL INFORMATION:	
Primary Diagnosis _____	PPS _____
Secondary Diagnoses / Comorbidities _____	
Prognosis <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> months <input type="checkbox"/> 1 year or longer	DNR Status: _____
Main Concerns: _____	
Nursing Agency and key contact _____	
Attachments: <input type="checkbox"/> Medical Summary / Health History	<input type="checkbox"/> Consult / Progress Notes <input type="checkbox"/> Other Notes
<input type="checkbox"/> Pertinent Diagnostic Tests	<input type="checkbox"/> Current Medication List <input type="checkbox"/> Pharmacy Information
Referral requested by: _____	Organization: _____
Contact # _____	Date _____



The Haldimand, Norfolk, Brant, Brantford, Six Nations and Mississaugas of the Credit First Nations are supported by two Palliative Care Outreach Teams.

1. **Stedman & Six Nations Palliative Care Outreach Team** (bills the G512 weekly comprehensive palliative care billing code)
 - Palliative Physicians, Nurses, and Psychosocial and Spiritual Practitioners, Bereavement Practitioners
 - Serves all geographic areas

Community Palliative On-call Consultation (CPOC) Services: available to all Primary Care providers (MD/NP) for telephone advice. This service is available 24 hours a day, 7 days a week and can be accessed by calling **519-751-7096 ext. 2500**.

2. **Home & Community Care Support Services (HCCSS) Palliative Care Outreach Team**
 - Palliative Nurse Practitioners and Psychosocial Bereavement Clinician
 - Serves Haldimand and Norfolk areas (does not bill the G512 weekly comprehensive palliative care code)

The PCOT teams have **shared accountability with primary care** for patients requiring a palliative approach to care. The teams are 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 to build capacity with Primary Care and Service Providers

Eligibility Criteria:

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

- Live in the Haldimand Norfolk Brant Brantford Six Nations or Mississaugas of the Credit First Nations 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 the Palliative Care Outreach Team 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 the appropriate PCOT team
 - Stedman & Six Nations Palliative Care Outreach Team: **519-751-7527**
 - HCCSS Palliative Care Outreach Team: **1-833-305-1947**

Note: INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS