

Palliative Care Physician Consultation Referral

Vancouver Community Palliative Care Program

☐ Home Consult Team

Tel: 604-742-4010

Fax: 604-699-9742

☐ Nancy Chan Ambulatory Clinic

Tel: 604-659-1160

Fax: 604-699-9742

☐ Long Term Care Facility Name: _____

Tel: 604-742-4010

Fax: 604-699-9742

CLIENT DETAILS

Name: _____ Gender: _____ DOB: (dd/mm/yyyy): _____

Permanent Address: _____ City: _____ Postal Code: _____ Age: _____

Primary Tel: _____ Can we leave a message? ☐ Yes ☐ No Email: _____

Primary Contact (Name): _____ Tel: _____ Alt Tel: _____

Language: _____ Does Client/Family need a translator booking for the appointment? ☐ Yes ☐ No

HEALTH INFORMATION

Primary diagnosis: _____

Other illnesses affecting health: _____

Prognosis: ☐ >1 yr ☐ <1 yr ☐ <6 mths ☐ <3 mths ☐ wks

Describe symptoms:

What is the client's understanding of their prognosis and reason for referral?

Reason for Referral:

- | | | |
|---|--|---|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Pain | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Family tension | <input type="checkbox"/> Nausea | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Caregiver stress | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Spiritual concerns |
| <input type="checkbox"/> Living at risk | <input type="checkbox"/> Dyspnea/ SOB | <input type="checkbox"/> Goals of Care |
| <input type="checkbox"/> Decision-making | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other |
| <input type="checkbox"/> Advanced care plan | <input type="checkbox"/> Dysphagia | |

Urgency of Referral: ☐ 1-2 weeks ☐ 2-4 weeks

PRIMARY PROVIDER (FP / NP)

Name: _____

Tel: _____ Fax: _____

Is client Known to VCH community services?

- ☐ Yes ☐ No Community CHC: _____
- ☐ BC Palliative Care Benefits form completed and submitted
- ☐ Community "No CPR" form completed

REFERRING PHYSICIAN/NP

Name: _____ MSP#: _____

Tel: _____

Fax: _____

Signature: _____

FP/NP is aware of the referral? ☐ Yes ☐ No

If No, please contact the primary care provider to inform them of this referral

IMPORTANT TO NOTE:

- The palliative care physicians are consultants and are unable to assume primary care.
- If this is a request for Home Consult Team, please ensure a referral to Home Health Nursing has been completed.
- Referrals will be processed within 3 business days. For more urgent referrals call 604-742-4010, press #2, and ask to speak to the palliative physician.
- For 24/7 same day provider to provider telephone advice from a Palliative Physician call 64-742-4010 #2 and ask to speak with the Palliative Doctor of the Day (week days 9 am- 5 pm) or the Palliative Physician on call (after hours and weekends)