



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:

- Financial Pain Depression
- Family tension Nausea Anxiety
- Caregiver stress Poor appetite Spiritual concerns
- Living at risk Dyspnea/ SOB Goals of Care
- Decision-making Fatigue Other
- Advanced care plan 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

Date: _____

PHN: _____

PARIS #: _____

The below-named has come under the care of Vancouver Coastal Health. As permitted by the Freedom of Information and Protection of Privacy Act, we are requesting that copies of his/her records be forwarded to the fax number on the left.

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)