

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

Name HCN VC DOB Address City Province Postal Code Phone # Preferred Language Gender Contact Name Contact Phone # Contact Phone # No Contact Name Contact Phone # No Would prefer Indigenous Team: Yes No SUPPORTS REQUESTED (please check all that apply): Pain & Symptom Management Psychosocial –Spiritual Support No 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 Phone Backline or Cell Fax Pes Permary Diagnosis PPS Secondary Diagnoses / Comorbidities PMain Concerns: Main Concerns: Main Concerns: Main Concerns: Pertinent Diagnostic Tests Other Notes Other Notes Pertinent Diagnostic Tests Other Notes Pharmacy Information Referral requested by: Organization: Current Medication List Pharmacy Information <th>PATIENT INFORMATION:</th> <th></th> <th></th>	PATIENT INFORMATION:			
Postal Code Phone # Preferred Language Gender Contact Name Contact Phone # Identifies as Indigenous: [] Yes [] No [] Unknown Would prefer Indigenous Team: [] Yes [] No SUPPORTS REQUESTED (please check all that apply):	Name	HCN	VC DOB	
Contact NameContact Phone # Identifies as Indigenous: Yes No Would prefer Indigenous Team: SUPPORTS REQUESTED (please check all that apply): Pain & Symptom Management Primary Diagnosis Backline or Cell Frimary Diagnosis Prognosis Days Weeks months 1 year or longer DNR Status: Main Concerns: Main Concerns: Main Concerns: Main Generation Nursing Agency and key contact Matchments: Medical Summary / Health History Consult / Progress Notes Organization:	Address	City	Province	
Identifies as Indigenous: Yes No Unknown Would prefer Indigenous Team: Yes No SUPPORTS REQUESTED (please check all that apply): Psychosocial – Spiritual Support Psychosocial – Spiritual Support Psychosocial – Spiritual Support Grief and Bereavement Support Please contact your local Care Coordinator for referral to Hospice Beds PRIMARY HEALTH CARE PROVIDER (PCP) INFORMATION: Name	Postal Code Phone #	Preferred Language	Gender	
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Primary Diagnosis PPS Secondary Diagnoses / Comorbidities	PCP aware of and in agreement with referral request? \Box Yes \Box No			
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Contact # Date Date	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. Ontario Health atHome (OHaH) 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**
 - OHaH Palliative Care Outreach Team: 1-833-305-1947

Note: INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS