


Patient Details and Demographics			
Surname:		First Name(s):	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		HCN:
Address:		City:	Postal Code:
Primary Phone No.:		Alt. Phone No.:	
<input type="checkbox"/> Patient has consented to Palliative Care Referral			
Alt. Contact Name:		Relationship: <input type="checkbox"/> POA/SDM <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	
Phone Number:		Alt. Phone Number:	
Health Information			
Primary Diagnosis:		Metastases (if applicable):	
Allergies: <input type="checkbox"/> No known allergies <input type="checkbox"/> Yes (please indicate):			
Prognosis: <input type="checkbox"/> <2 weeks <input type="checkbox"/> 2 weeks–1 month <input type="checkbox"/> <3 month <input type="checkbox"/> <6 months <input type="checkbox"/> <12 months			
PPS (see page 2 for PPS Scale): <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80-100%			
Reason for referral:			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Resuscitation status discussed with patient <input type="checkbox"/> Yes <input type="checkbox"/> No – Patient DNR		<input type="checkbox"/> Yes <input type="checkbox"/> No – Palliative status discussed with patient <input type="checkbox"/> Yes <input type="checkbox"/> No – Patient currently on service with Home & Community Care Support Services Mississauga Halton	
Palliative Care Nurse Practitioner (NP) Referral – <i>IF REQUIRED</i>			
Note: NPs cannot assume care for the patient as MRP. They can help support with consultations and shared care.			
Urgency: <input type="checkbox"/> (< 1 week) e.g. pain or symptom crisis, rapid decline <input type="checkbox"/> Routine ** Referrals will be triaged on complexity and care needs. Our team may advise or refer to appropriate resources beyond our team. <input type="checkbox"/> One-time Consult ** The NP team may provide a one-time consult or ongoing shared care based on patient need.			
Reason for NP referral - <i>please include prognosis and PPS and reason for referral with clinical notes to ensure timely access</i>			
Referring Practitioner Information			
Name:		<input type="checkbox"/> MRP	Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN
Phone Number:		Alt. Phone Number:	
Signature: 			Date:
Most Responsible Provider Information (if not same a referring practitioner)			
Name:		Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP	<input type="checkbox"/> MRP aware of referral
Phone Number:		Alt. Phone Number:	

To qualify for palliative care services (excluding Palliative Care Nurse Practitioners) the patient's prognosis must be <12 months

Return this form to Ontario Health atHome via fax to (905) 855-8989

For questions please call (905) 855-9090



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 with 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/housework 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	-	-	-	-

Mississauga Halton Palliative Care Nurse Practitioners can:

- Provide support to the primary care team and specialist providers to address complex palliative care needs and increase capacity within the region to provide palliative and end of life care.
- Provide shared care with the most responsible provider (MRP)
- Provide face to face patient assessments in home, physician office and/or hospital
- Assist with complex or refractory pain and symptom management (e.g. pain, nausea, dyspnea, anxiety)
- Assist with complex or refractory psychosocial needs of patients and their family during life transitions
- Develop goals of care and/or end of life planning
- Provide strategies to reduce ED visits or hospitalizations
- Assist with complex hospital discharges or other transitions
- Able to follow a patient on a community team with a prognosis 12 months

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