Ontario Health atHome

Palliative Care - Hospice Bed Referral Form

356 Oxford Street West London, ON N6H 1T3
Telephone: 1-800-811-5146 Fax: 519-472-4045

Referral Urgency

Urgent (within 24 hours) Non-urgent Pre-register for future admission (exceptions: St. Joseph's Hospice & Parkwood)

Hospice Beds (Use numerical values to rank choices e.g. 1, 2, 3)

Grey Bruce County	
Chapman House	
Huron Shores	

London Middlesex Elgin	
St. Joseph's Hospice	
Parkwood Palliative Care Unit (PCU)	

Huron Perth Counties	
Huron Hospice (Bender House)	
Jessica's House	
Rotary Hospice Stratford Perth	

Oxford County	
Sakura House	

Patient Information

Patient's Current Location		
Surname	First Name	Preferred Name
Home Address		
City	Postal Code	Direct Telephone Number
Date of Birth (YYYY-Month-DD)	Health Card Number (HCN)	Version Code
Assigned Sex at Birth Male Female	Gender Identity Prefer not to disclose	
Preferred Provincial Language English French		

Alternate Contact Information

Patient prefers/requires an alternate contact

Surname	First Name
Relationship to Patient	Direct Telephone Number

Primary Care Provider (PCP) Details

Primary Care Provider Name	CPSO/CNO/Registration Number
Direct Telephone Number	Fax Number
Most Responsible Provider in Hospice Primary Care Provider Hospice Physician	☐ PCP is aware of referral

Substitute Decision Maker (SDM) Details

☐Automatic SDM (based on hierarchy) ☐Power of Attorney (POA) for Personal Care (documented)

SDM/POA Name	Relationship to Patient	Direct Telephone Number

Surname	First Name	HCN

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Clinical Information

Primary Diagnosis		Date of Diagnosis (YYYY-Month-DD)	
Height	Weight	Palliative Performance Scale (PPS)	Date Completed (YYYY-Month-DD)
Anticipated Prognosis Days Weeks Months Unknown		As Assessed By	

Additional Diagnoses

Edmonton Symptom Assessment System (ESAS) score at time of referral (rate 0=symptom is absent to 10=worst possible severity)

Pain	Tiredness	Drowsiness	Nausea	Appetite	Breathlessness	Depression	Anxiety	Wellbeing

Resuscitation/End of Life Care Plan

☐ Do Not Resuscitate orders in place (documents required)

☐ Symptom Response Kit (SRK) in place

Pharmacy Name	Direct Telephone Number

Additional Coverage Available (if applicable)

☐ Not applicable

Allergies

☐ No known allergies

Funeral Home/Crematorium Name	Funeral Home/Crematorium Phone Number

Funeral Home/Crematorium Email Address

Current Care/Equipment Needs

☐ Transfusion ☐ Hydration ☐ Infusion Pump(s)
☐ Peripherally Inserted Central (PICC) Line ☐ Central Line(s)
☐ Hemodialysis ☐ Peritoneal Dialysis ☐ Intravenous (IV) Medication
☐ Subcutaneous (SC) Medication ☐ Spinal Analgesia ☐ Thoracentesis
☐ Paracentesis ☐ Foley catheter ☐ Chest Tube/Pleurex/Percutaneous Biliary Drain (PTC)
☐ Wound Care (documents required)

☐ Enteral Feeds ☐ Assistive Devices Program Application (ADP) Completed
☐ Ostomy ☐ ADP completed
☐ Tracheostomy ☐ ADP completed
☐ Pacemaker/Implantable Cardioverter Defibrillator (ICD) ☐ ICD deactivated

Ventilation Needs

Continuous Positive Airway Pressure (CPAP) Bi-Level Positive Airway Pressure (BiPAP) Invasive

Ventilator Equipment Status Rented Owned	Oxygen Rate

Contact Precautions

☐ Vancomycin-resistant Enterococcus (VRE) ☐ Methicillin-resistant Staphylococcus aureus (MRSA)

Surname	First Name	HCN

☐ Extended-spectrum beta-lactamase bacteria (ESBL) ☐ Clostridioides difficile ☐ COVID-19

Ongoing Treatment

☐ Radiation ☐ Chemotherapy ☐ No treatment

*Patient/Family will be responsible for transportation to appointments

Purpose of Treatment

Life Extending Comfort Measures

Antibiotics

☐ Oral ☐ IV ☐ Not Applicable (N/A)

Transfers, Mobility and Gait Aids

Therapeutic Surface

Other Needs (e.g. bariatric)

Additional Information (e.g. smoker, substance abuse, any relevant social information)

Patient Goals

Medical Assistance in Dying (MAiD)

☐ MAiD has been discussed/considered (documents required)

Supporting Documents

Enclosed Supporting Documents

☐ Admission history ☐ Consult Reports ☐ POA for Personal Care

☐ Current medication list (patient is aware to bring medications to Hospice)

☐ Recent Progress Notes (CHRIS notes, RAI assessments) ☐ Behaviour management plan

☐ MAiD Assessment ☐ Wound care plan ☐ DNR certificate (DNRc)

Declaration

Referrer Name	CPSO/CNO Registration
Role and Designation	Organization
Referrer Phone	Referrer Fax
Referrer Signature	Date Signed (YYYY-Month-DD)

Form Instructions

For out of region referrals, fax to Ontario Health atHome (OHaH) at:

London Middlesex: 519-472-3257
Elgin: 519-631-6968
Oxford: 519-539-6351
Huron Perth: 519-273-6454
Grey Bruce: 519-881-1425

If admission to Parkwood PCU is urgent, please fax to 519-685-4804 as well as Ontario Health atHome.