



(Pt addressograph)

Palliative Consultation Request

Phone 705-541-7807

Please Fax to ADCP New Referrals clerk: 705-541-7803

Referring MD and signature: _____ Date _____

Diagnoses:

Reason for referral (Check all that apply):

- Symptom Control
- End of Life planning
- Early Referral
- Other: _____

Requested Priority

- URGENT
- P1: Within two weeks
- P2: 2-4 weeks
- P3: within 12 weeks

Requested Palliative MD:

- First Available
- Dr Buehner
- Dr Booth
- Dr. Apostle
- Dr. Wilson
- Rita Mannarino NP

This patient's Primary Practitioner is: _____

Pt's Current Functional Status: PPS _____ %
 Other (explain): _____

Non-MD Services already involved (check all that apply):

- ARCH CONNECT _____
- CCAC (list all services) _____
- Other: _____

I have explained the reason for this Palliative Referral to the pt/POA and the pt wishes to attend the appointment. Signature of RN: _____

For Palliative Programme use ONLY:

Date referral received by Mary Ellen/designate: _____
 Date referral triaged by MD: _____
 Date appt made and pt notified: _____
 Date of initial palliative consultation: _____