PRAIRIE MOUNTAIN HEALTH

PALLIATIVE CARE REFERRAL FORM

Client: _____

_____

DOB (yyyy/mmm/dd): _____

HRN / MHSC: _____

PHIN #: _____

Addressograph/Place Label Here

Date: _____ Referral Source/Designation: _____ Phone: _____

yyyy/mmm/dd

Male Female

Phone: _____

Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Other Family Members: _____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

Name of Primary Physician: _____ Phone: _____

Signature of Primary Physician: _____ Date: _____

Client Location: Home Hospital PCH

Client currently receiving Home Care Services: Yes No Other programs: _____

Client aware of referral? Yes No Family aware of referral? Yes No

Has client expressed desire to die at home? Yes No Is client able to return home? Yes No

Additional services required for client to return home? Yes No Services Required: _____

Primary Diagnosis: _____ Date of Diagnosis: _____

Other Medical Conditions: _____ Known Allergies: _____

Infection Control Precautions required: VRE MRSA C. Diff Other: _____

Estimated Prognosis: less than 1 week less than 3 months 3 - 6 months over 6 months

Has the client been informed of the diagnosis? Yes No

Prognosis? Yes No ☐ Does not wish to know

Has the family/contact person been informed of diagnosis? Yes No

Prognosis? Yes No

Has Advance Care Planning been initiated? Yes No

Has a Health Care Directive been explained? Yes No Obtained? Yes No

Services that would be beneficial for the client and family:

- Information about Palliative Care Services
- Provincial Drug Access Program
- Oxygen
- Other: _____
- Pain and Symptom Management
- Volunteers
- Compassionate Care Benefits Info

Request Palliative Care Coordinator follow-up: Urgent Non-Urgent

Other comments:

Please FAX ALL completed referral to: # 204-629-3499

Melissa Peters – Brandon PMH (Brandon Area) ☎**Tel: 204-578-2340**	
Charla Murray – West PMH ☎**Tel: 204-764-4237**	(Birtle, Boissevain, Deloraine, Elkhorn, Hamiota, Hartney, Melita, Reston, Rossburn, Russell, Shoal Lake, Souris, Virden)
Brenda Smith – East PMH ☎**Tel: 204-578-2338**	(Baldur, Carberry, Cartwright, Erickson, Glenboro, Killarney, Minnedosa, Neepawa, Rivers, Sandy Lake, Treherne, Wawanesa)
Jenna Zurba – North PMH ☎**Tel: 204-629-3006**	(Alonsa, Benito, Camperville, Crane River, Dauphin, Duck Bay, Gilbert Plains, Grandview, Mafeking, McCreary, Roblin, St Rose du Lac, Swan River, Waterhen, Winnipegosis)

Copy to Client's Health Record