



# TIMMINS INTEGRATED PALLIATIVE CARE REFERRAL FORM

Forms can be mailed, dropped off or faxed to the following address:

Timmins Family Health Team Attn:

Patient Navigator, Suite 200-123 Third Ave, Timmins, ON P4N 1C6 Phone: 705-267-1993 Ext. 404 Fax: 705-531-2487

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Name: Patient Label		Health Card# VC
Address:		Postal Code:
Phone:	Gender: ( ) Male ( ) Female	D.O.B: M/D/Year
Present Location:	Informed of referral:	Allergies:
Diagnosis:		

## Reason for referral (tick all that apply):

### Patient requiring:

- ☐ Collaboration with Palliative Care NP Clinical Pain & Symptom Management –M. Chisholm (please complete CCAC Referral)
- ☐ Transfer of care to Palliative Primary Care MD (please circle: FMD/NP aware YES OR NO)

### Orphan patient requiring:

- ☐ Primary palliative care MD
- ☐ Palliative Care NP – M.Chisholm (please complete CCAC Referral)

### Home and Community Care: (please complete CCAC Referral)

- ☐ Bayshore Nurse
- ☐ PSW
- ☐ OT/PT
- ☐ Dietician
- ☐ Social Work

### System Navigation

- ☐ System Navigator - A.Flamain - RSW
- ☐ Bereavement/Grief counselling
- ☐ Horizon's Volunteer Visiting Program
- ☐ Social Work (FHT patients)
- ☐ Dietician (FHT patients)
- ☐ HOSPICE ADMISSION (call Timmins Hospice Centre directly 705-267-2131)
- ☐ Other/additional information (please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Health Care Providers:

- ☐ VON Palliative Pain and Symptom Management Consultant/Educator – C.Lamb-NP

## \*Please circle patient's current PPS score.

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 & work. 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 any work. Extensive disease.	Mainly assistance	Normal or reduced	Full or drowsy. +/- Confusion.
30%	Totally bedbound	Unable to do any work. Extensive disease.	Total care	Normal or reduced	Full or drowsy. +/- Confusion.
20%	Totally bedbound	Unable to do any work. Extensive disease.	Total care	Minimal to sips	Full or drowsy. +/- Confusion.
10%	Totally bedbound	Unable to do any work. Extensive disease.	Total care	Mouth care only	Drowsy or coma. +/- Confusion.
0%	Death	-	-	-	-

Revised: March 15, 2019



Timmins  
Family Health Team  
Equipe de Santé Familiale

Home and Community Care  
North East  
Local Health Integration Network

CCO North East  
Regional Cancer Program  
in partnership with Cancer Care Ontario

Bayshore  
Home Health



CarePartners



Horizon-Timmins  
Palliative Care Inc.  
Hope, Help and Support