

**PALLIATIVE CARE COMMON REFERRAL FORM UPDATE/REPORT:**

Individual's Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_  
Date of Birth: (DD/MM/YY) \_\_\_\_\_

Current location:  Home  Residential hospice  Other (Specify address): \_\_\_\_\_  
 Hospital \_\_\_\_\_ Anticipated hospital discharge date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Resuscitation Status (if different from original referral):**

Do Not Resuscitate  Yes  No      Discussed with: Individual  Yes  No      Family  Yes  No

**ESAS Score at the time of this updated referral:** \_\_\_\_\_

*(Adapted from Edmonton Symptom Assessment System—ESAS, Capital Health, Edmonton) 0–10: (0 = no symptom, 10 = worst symptom possible):*

Date completed: \_\_\_\_\_

Pain \_\_\_\_\_ Tiredness \_\_\_\_\_ Nausea \_\_\_\_\_ Depression \_\_\_\_\_ Drowsiness \_\_\_\_\_ Appetite \_\_\_\_\_

Well-being \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Other: \_\_\_\_\_

**Current Functional status:**

*Palliative Performance Scale (PPS) at time of referral (refer to Victoria Hospice Society, PPSv2/ Cancer Care Ontario for definition).*

PPS:  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

**List Current Medications (if different from original referral):**

**Current Infection Control Management Reports/Updates (if different from original referral):**

**Additional Notes / Updates:**

Completed By: print name \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone & Pager: \_\_\_\_\_

Date of this update: \_\_\_\_\_

**Please send directly to your desired hospice palliative care provider(s). Do not send to the Toronto Central Palliative Care Network.**

<sup>1</sup> The Palliative Care Common Referral Form was originated from TIPCU (2004). This Form has been adapted from the Toronto Central Palliative Care Network Common Referral Form. Further uses of this Form are permitted, provided the original is unaltered.  
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