Ontario Health atHome

First Name: _____ Last Name: _____

HCN: _____

Palliative Care Hospice and In-Patient Referral

Fill Patient Data

Date of Application (yyyy/mm/dd):	Date of Admission (yyyy/mm/dd):	BRN:

Patient's Personal Information

Last Name:	First Name:	Date of Birth (yyyy/mm/dd):

Address:	Unit #:	City:

Prov.:	Postal Code:	Home Telephone:	Cell #:

Patient's Present Location:	Preferred Language:

Height:	Weight:	Gender: ☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown

Gender Identity: ☐ Male ☐ Female ☐ non-binary ☐ Transgender – Male ☐ Transgender - Female ☐ Two-spirit ☐ Not listed	Patient pronouns: ☐ He/him ☐ She/her ☐ They/them

Family Physician/Primary Care Practitioner:	Phone:	Fax:
Most Responsible Physician:	Phone:	Fax:
Nurse Practitioner:	Phone:	Fax:

Is MRP/NP aware of referral? ☐ Yes ☐ No

Health Insurance Information

Is patient covered under Ontario Health Insurance Plan? ☐ Yes ☐ No	Last name on health card:	Health Card Number:	Version Code:

Accommodation preferred: ☐ Semi-private ☐ Private	Insurance attached: ☐ Yes ☐ No

Patient/SDM (if mentally incapable) requesting resuscitation or other life sustaining interventions? ☐ Yes ☐ No

(Please note, resuscitation is not a treatment option for EOL care)

Health Care Decision Making/Substitute Decision Maker (SDM)

Primary Contact Information: SDM ☐ Yes ☐ No POA ☐ Yes ☐ No ☐ Jointly ☐ Severely

Name:	Relationship:	Telephone (home):
Telephone (cell):	Telephone (work):	Ext.:

Secondary Contact Information: SDM ☐ Yes ☐ No POA ☐ Yes ☐ No ☐ Jointly ☐ Severely

Name:	Relationship:	Telephone (home):
Telephone (cell):	Telephone (work):	Ext.:

Ontario Health atHome

First Name: _____ Last Name: _____

HCN: _____

Palliative Care Hospice & In-Patient Referral

Primary Palliative Diagnosis:		Date of Diagnosis(if available):
Metastatic Spread (if malignant)		
Relevant Co-morbidities		

Admission Location Requested:

Please select the patient's site choice. For multiple choices, please rank site choice from 1 to 6.
1= First choice, 2= Second choice, 3= Third choice, 4 = Fourth choice, 5 = Fifth choice, 6 = Sixth choice,

0 Lisaard House – Cambridge	0 Innisfree House – Kitchener	0 Hospice Wellington – Guelph
0 Hospice Waterloo Region	0 WRHN @ Chicopee	0 SJHCG – Guelph

Mandatory Field - Priority Ranking - Check one of the following:

☐ Priority 1- Crisis ☐ Priority 2- Non-Crisis ☐ Priority 3- Back-up Plan (End of Life- Hospice only)

Referral Source:

☐ Hospital In-patient unit/ ED	Location/Unit:
☐ Community	Location transferring from:

Primary clinical contact Person/CC:

Phone:	ext:	Pager:	Fax:

Bed Offer Contact Person:

Phone:	ext:	Pager:	Fax:

Current Isolation Issues:	☐ Yes ☐ No	
Positive for (C Diff is exclusion criteria for all hospice sites):	☐ MRSA ☐ VRE ☐ C Diff. ☐ Other	
Hep C status:		
COVID Status		
Positive for Covid 19 :	☐ Yes ☐ No ☐ Pending	Date of positive swab:
Date of negative or pending swab:		
If positive, have you had any further swabs? ☐ Yes ☐ No If yes, list date: _____		Result: ☐ Positive ☐ Negative ☐ Pending

Outstanding Medical Investigations:

Ontario Health atHome

First Name: _____ Last Name: _____

HCN: _____

Reason for Referral	☐ Pain & Symptom Management: Time-limited for uncontrolled symptoms in person with life threatening illness. When stabilized, patients are assessed for discharge. ESAS (attach if available): _____ What are the symptoms that require management? ☐ End of Life Care/Hospice (EOL): Range of palliative care to meet the needs of patients at end of life. ☐ EOL care needs exceed capacity of care at home ☐ Caregiver/s and/or informal supports inability to cope at home ☐ Individual does not wish to die at home ☐ Other (specify): _____ ☐ Back Up Plan (Hospice sites only)
Prognosis **Mandatory Field*	Current PPS Score: _____ Date of last assessment _____ Oral intake has ☐ Increased ☐ Decreased ☐ No change Prognosis: ☐ < 1 month ☐ < 3 month ☐ < 6 months as assessed by: Palliative Health Care Practitioner (please provide clinician name below, that confirmed palliative prognosis): _____ Does the patient have informed consent about palliative approach to care and the care provision in Residential Hospice/CCC bed unit ☐ Yes ☐ Informed patient of palliative approach to care & provision of care Individual aware of: ☐ Diagnosis ☐ Prognosis ☐ Does not wish to know Family is aware of: ☐ Diagnosis ☐ Prognosis ☐ Does not wish to know If family is not aware, individual has given consent to inform family of: Diagnosis ☐ Yes ☐ No Prognosis ☐ Yes ☐ No
Primary Interventions and Treatments **Mandatory Field*	Please outline previous interventions or treatments for symptoms related to the primary diagnosis below. (For residents in retirement homes or other congregate settings please provide documentation that supports resident diagnosis and prognosis):
Care Requirements (please check all that apply)	☐ EOL Care/Death Management ☐ Pain & Symptom Management Beds ☐ Disease Management ☐ Social Work ☐ Spiritual Care ☐ Psychological ☐ Loss & Grief (legacy work, anticipatory grief work) ☐ Encouraged Advance Care Planning Conversations between patient and Substitute Decision Maker ☐ Reviewed role of Substitute Decision Maker with the patient's SDM
	Is there a known patient goal to access Medical Assistance in Dying? ☐ Yes ☐ No *If Yes, requires further conversations with receiving sites, please contact clinical resource nurse at receiving site.*

Ontario Health atHome

First Name: _____ Last Name: _____

HCN: _____

Discharge Potential (only applicable for Pain & Symptom management)	Could the patient return to their previous living arrangements if pain/symptoms were managed and identified goals were met? Yes ☐ No ☐ What are the barriers for discharge to the previous living arrangements? What are the alternate options? ☐ Patient/SDM are aware that if the symptoms stabilize, discharge planning will proceed. Please provide specific details of the patient/SDM plan of care should the patient stabilize and discharge plans required :	
Special care considerations (please check all that apply and elaborate) *Early consultation required for patients with oxygen greater than 6L/min to support safe transportation and oxygen delivery in the Hospice setting	☐ Allergies: ☐ Yes ☐ No known allergies (NKA) Describe:	☐ Central line: ☐ IV: ☐ Pain pump:
	☐ Diet: ☐ Tube feed:	☐ Wound: ☐ Drains:
	☐ Hydration ☐ Transfusion	☐ Dialysis Run/day/time: _____ ☐ Peritoneal dialysis ☐ Hemodialysis Dialysis Discontinuation Date: _____ Review by renal team required:_____
	☐ Oxygen: How many L/min____ Type of oxygen delivery system: ☐ N/P☐ Face Mask ☐ CPAP ☐ BIPAP ☐ Nebulizer ☐ Tracheostomy: if √ please contact receiving site to review	☐ Ongoing treatment for symptom relief (Chemo, radiation, Dialysis):
	☐ Cognition/Dementia Issues Please identify risk behaviours:	☐ Pacemaker ☐ Internal defibrillator Has it been deactivated ☐ Yes ☐ No
	☐ Additional equipment required?	

RELEVANT ATTACHMENTS (please provide the following if not available to the receiving organization electronically) Please note that Hospice may not have access to clinical connect please provide the following

☐ Most recent/relevant Patient History/Consultation reports ☐ MAR/Home Medication List

☐ Most recent Physician, Nursing, Allied Health Progress Notes

Ontario Health atHome

First Name: _____ Last Name: _____

HCN: _____

Palliative Care Hospice & In-Patient Referral

☐ Verbal Consent obtained to authorize the release of patient's personal and medical information to the requested program.

Form completed by	Role/title	Phone #
Signature		Date

FAX COMPLETED FORM TO **Ontario Health atHome**: 519-742-0635

How is Crisis defined?

A patient is considered to be "In Crisis" if:

1. Patient and/or caregiver safety is at risk and/or there is a risk that a significant health event and/or challenging end-of-life symptoms cannot be managed in their current setting
2. Patient at risk of requiring ED or acute care admission
3. Community resources have been exhausted and family/ caregivers are unable to cope with the patient's care needs
4. There is a risk that the services required to meet the patient's end-of-life care plan goals may not be available in their current setting
5. Patient at risk of not accessing their preferred place of death (considering recent trajectory of the PPS score).

Additional Comments:

WRHN Waterloo Regional Health Network

St. Joseph's Health Centre Guelph — Serving with Compassion, Care and Courage

Lisaard & Innisfree Hospice

Hospice Wellington™

Hospice Waterloo Region