PALLIATIVE CARE COMMUNITY TEAM REFERRAL

Name _____ DOB _____ Gender ☐ M ☐ F ☐:___
MM/DD/YYYY

Address _____ Phone _____-_____-_____

_____ Health Card _____

Fax to: Haliburton 705-457-5077 Kawartha Lakes 705-880-0531 Scarborough 416-261-0782

Referral Source

Referral Reviewed From Mon-Fri 8:30-4:30

☐ CCAC ☐ FHT ☐ CHC ☐ Hospital ☐ Solo Practitioner ☐ Community Health Provider
☐ Self-referral/Family ☐ Cancer Centre ☐ Hospice ☐ Other

Service Location Requested

☐ Hospital PC Bed ☐ Home ☐ LTC
☐ Outpatient Clinic ☐ Other :

Service Type Requested

☐ PCCT ☐ Bereavement ☐ Home Care ☐ PPSM ☐ R/O OPC
☐ Volunteer ☐ Caregiver Support ☐ Other ☐ CCAC (Attached paperwork)

Reason for Referral

Urgency

☐ <24h
☐ 1-2 Days
☐ 1 Week
☐ 1-2 Weeks
☐ >2 Weeks

PPS

☐ 100% ☐ 90%
☐ 80% ☐ 70%
☐ 60% ☐ 50%
☐ 40% ☐30%
☐ 20% ☐10%

Date of Diagnosis _____ /_____ /_____
MM / DD / YYYY

Diagnosis (co-morbidities)

Prognosis _____ _____
Months Weeks

Is family/client aware of prognosis/diagnosis?
Client: ☐ Yes ☐ No
Family: ☐ Yes ☐ No

Resuscitation Status ☐ DNR Discussed ☐ Yes ☐ No

Client Consent to Referral ☐ Yes ☐ No

Consent Given By _____

Primary Care Provider _____
T_____-_____-_____

Services in Place

☐ CCAC ☐ FHT ☐ Other _____
☐ CHC ☐ Hospital
☐ GP ☐ Hospice

Referral Information

Name _____

Agency/ Role _____

Telephone/Fax

T _____-_____-_____

F _____-_____-_____

Next of Kin Information

Name _____

Relation to client _____

Telephone
_____-_____-_____

Home Address

Please attach all supporting documents, tests/results, or investigations with this referral

Completed By: _____

Role: _____

Date of Referral Received: _____ /_____ / _____

Date of First Contact: _____ /_____ / _____
Office Use Only MM / DD / YYYY

HALIBURTON HIGHLANDS HEALTH SERVICES
Leaders in Innovative Rural Health Care

Ontario
Central East Local Health Integration Network

Palliative Performance Scale (PPSv2)
version 2

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 *with* Effort 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/house work 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Converting Clinical Frailty Scale (CFS) and Palliative Performance Scale (PPS)

CFS	PPS
3-4	70-90
5	60
6	40-50
7	10-30

Note:
CFS 1 and 2 and PPS 100 are not included in this conversion chart because data were unavailable for those scores.