Central Intake: Milton Community Palliative Care Physicians Referral

INCLUSION CRITERIA: ☐PPS ≤30% ☐PROGNOSIS <8 weeks ☐LIVES IN MILTON AREA (see over)

Referring provider (or Family Physician) agrees to remain MRP until patient is seen & accepted by CPCP ____initial
Referring provider agrees to resume MRP care if patient improves & no longer meets inclusion criteria _____initial
If CPCP accepts patient, all Physicians agree to stop billing G512 code _____initial

PATIENTS WILL BE CONTACTED WITHIN 1 WEEK OF REFERRAL ACCEPTANCE - THIS IS **NOT AN EMERGENT/URGENT CONSULT SERVICE**

PATIENT DEMOGRAPHICS		
Patient Name:		DOB:
HCN:	VC:	Gender:
Address:		
Phone Numbers:		
Language:		Translation Required? ☐Yes ☐No
Current Location: ☐Home ☐Hospital Anticipated Discharge Date:		
Living Arrangements: ☐Alone ☐Spouse/Partner ☐Family		
Is Home and Community Care Support Services (**HCCSS**) Involved? ☐YES ☐NO (if no, please complete **HCCSS** Palliative Referral)		
Current Homecare Supports: ☐ PSW ☐ Nursing ☐ NP ☐Other:		

ALTERNATE CONTACT NAME	RELATIONSHIP	PHONE NUMBER

Who to contact with appointment:

MEDICAL INFORMATION:	
Palliative Care Diagnosis:	Date of Diagnosis:
Other Medical History: Allergies:	☐ MRSA/VRE/ESBL
Current Symptoms/Concerns:	
Palliative Performance Scale (PPS): Details:	
DNR: ☐YES ☐NO ☐ Discussed with family **(REQUIRED)**	Prognosis: ☐ days to weeks (**REQUIRED**)
Patient aware of Diagnosis, Prognosis and Referral to Palliative Care **(REQUIRED)** ☐Yes	

FAMILY MD INFORMATION		
Name:	Phone:	Fax:
Family MD has been contacted and aware of the referral **(REQUIRED)** ☐ Yes		

REFERRAL SOURCE	
Name:	MD/NP Billing Number (**REQUIRED**):
Phone (*Backline/Cell Preferred*):	Fax:
Signature:	Date of Referral:

ADDITIONAL INFORMATION ATTACHED (**REQUIRED**):

☐ Medication and Dosages ☐ Labs and Imaging ☐ Consultations/ Recent Clinical Notes

Central Intake Phone No: 905-855-9090 ext.5749

PLEASE FAX REFERRAL FORM AND ALL ACCOMPANYING DOCUMENTATION TO FAX No.: 905-338-4434

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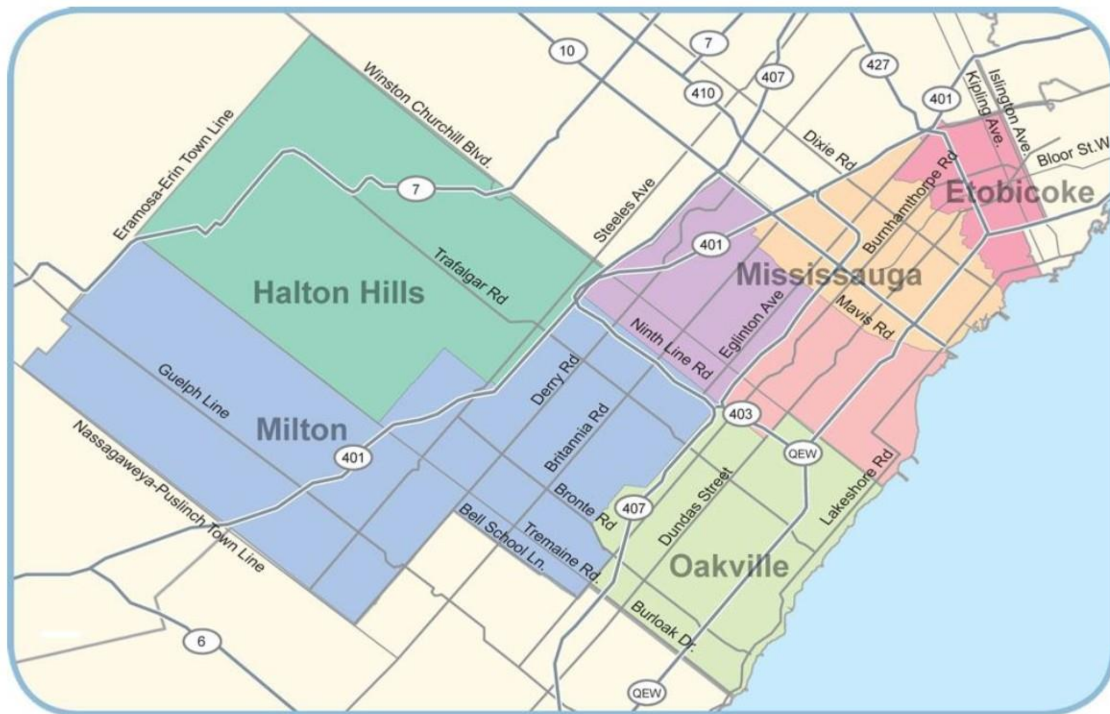
Questions? Email us at Milton CPCP@haltonhealthcare.com



PPS Level	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Consciousness 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/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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bedbound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bedbound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bedbound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	----	---	---	---

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