North Simcoe Muskoka
Hospice Palliative Care Network
169 Front Street South Orillia, ON, L3V 4S8
PH: 705-325-0505 FX: 705-325-7328
www.nsmhpcn.ca

NSMHPCN
North Simcoe Muskoka Hospice Palliative Care Network

A Palliative Approach to Care

REFERRAL FORM

Date & time:		**Health Card Number:**	
Person referring:		**Contact Person:** **Relationship:**	
Patient:		**Contact's phone #:**	
Address/Facility:		**DOB:**	
City:		**Phone:**	
MRP:		**PC MD:**	

□ Consent for consult
□ CCAC involved □ Oncology RVH or elsewhere _______________________

Reason for referral:
□ Need family physician for home visits □ Hospice Palliative Nurse Consultant Involvement
□ Need for MD/NP for home visits

Main Concern of Patient/Family (note if different):				
Diagnosis (include co-morbidities)	PPS & Date completed		DNR:	Yes or No
Comments:				

FAX completed referral form to NSMHPCN 705-325-7328
If request is <u>URGENT please also call</u> 705-325-0505

Interventions/Recommendations:

Follow-up/ Communication to & date:
□ MRP_____________________ □ Palliative Resource Physician ________________________
□ CCAC___________________________ □ Nursing Agency___________________________________
□ Other ____