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

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
□ HCC involved □ Paediatric □ Oncology RVH or elsewhere _____

Reason for referral:

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

Interventions/Recommendations:

Follow-up/ Communication to & date:
□ MRP_____ □ Palliative Resource Physician _____
□ HCC_____ □ Nursing Agency_____
□ Other _____

July 28, 2021