



**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

NSM Palliative Nurse Consultant Referral Form

A Palliative Pain and Symptom Management Assessment for an individual living with a life limiting illness in North Simcoe Muskoka.

Please include available documentation to support a palliative consultation (such as recent consult note, medication list, diagnostic imaging, vital signs, labs).

Date & time:		Health Card Number:	
Primary Person to Contact:		Referred by: (name/phone#)	
Requested Timeframe:	<input type="checkbox"/> Within a week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Future		
Patient Information:			
Clients Name:		Clients Phone #:	
Address/location for consultation:		DOB:	
City:		MRP:	
Alternate contact: (name/phone#)		PC MD:	
<input type="checkbox"/> Consent for consult <input type="checkbox"/> HCC involved <input type="checkbox"/> Oncology RVH or elsewhere _____			
Reason for Referral:			
Main Concern of Patient/Family (note if different):			
Life Limiting Illness (include co-morbidities)	PPS & Date completed	DNR:	Yes or No
Comments:			
Infections / Disease:			
Safety Concerns:			
FOR OFFI FOR OFFICE USE ONLY:			
Feedback from consultation provided to:			
<input type="checkbox"/> MRP _____	<input type="checkbox"/> Palliative MD/NP _____		
<input type="checkbox"/> HCC SS _____	<input type="checkbox"/> Nursing Agency _____		
<input type="checkbox"/> Other _____			

FAX completed referral form to NSMHPCN at 705-325-7328
For URGENT Referrals, Call 705-325-0505 ext. 103