

## Palliative Pain and Symptom Management Consultation with **Service Provider**

**Consultation with SERVICE PROVIDERS to mentor and guide the application of best practice tools and guidelines in Hospice Palliative Care. Responsibility for client/patient assessments will remain with the service provider; guidance on the process and application of such assessments will be taught by the PPSMC with the opportunity to build capacity through joint visits with patients, virtual conferencing and conversation.**

Health Care Provider Making Referral			
First Name:		Last Name	
Preferred Date to Contact:		Preferred Time to Contact:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Job Title:			
Organization Name:			
City/Area:			
Phone Number :		Extension:	
Email Address:			
Patient/Resident Information:			
First Name:		Last Name:	
Date of Birth:		Age:	
Allergies:			
Name of Most Responsible Physician (MRP) and/or NP Involved:			
Situation:			
In your opinion, would you be surprised if the patient were to die in the next 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the patient receiving a palliative approach to care?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<i>Appropriate for any individual and their families who are facing issues associated with life-limiting illness to improve their quality of life at any stage.</i>			
Brief description of situation/concerns:			

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### Background:

Diagnose(s) (life-limiting conditions) and relevant medical history:

PPS Score:  100%  90%  80%  70%  60%  50%  40%  30%  20%  10%  0%

Has there been a recent change in PPS?  Yes  No

### Presenting Symptom(s)/Issues:

<input type="checkbox"/> Pain	
<input type="checkbox"/> Other Symptom:	
<input type="checkbox"/> Other Concern (i.e. family care conference):	

### Assessment:

Relevant Medications for Symptom Control (please enter relevant medications for pain and/or symptom management below)

Medication	Dosage	Route	Times Given

### Additional information to aid in the the case based discussion with the Palliative Pain and Symptom Management Consultant (PPSMC):

### Goals of this palliative care nursing consultation (PPSMC) being requested:

**FAX completed referral form to NSMHPCN at 705-325-7328**  
 If you wish to speak to to speak to a  
**Palliative Pain and Symptom Management Consultant**  
 directly please call 705-329-0340.