NSMHPCN
North Simcoe Muskoka Hospice Palliative Care Network

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

Consultation with service providers to mentor and guide the use of best practice tools and guidelines in Hospice Palliative Care. While assessments remain the responsibility of the health care provider, the PPSMC will offer guidance on their application and build capacity through joint visits, virtual conferencing, and ongoing dialogue.

Health Care Provider Making Referral

First Name:		Last Name	
Preferred Date to Contact:		Preferred Time to Contact:	☐ AM ☐ PM
Job Title:			
Organization Name:			
City/Area:	Select region from dropdown.		
Phone Number :		Extension:	
Email Address:			

Patient/Resident Information:

First Name:		Last Name:	
Date of Birth:		Age:	Does the Patient Self-Identify as FNIM? ☐ Yes ☐ No
Allergies:			If yes, please specify: ☐ First Nations ☐ Inuit ☐ Métis ☐ Other

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?	☐ Yes	☐ No
Is the patient receiving a palliative approach to care?	☐ Yes	☐ No

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.

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:																					
	Pain																				
	Other Symptom:																				
	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 705-325-0505.