

Hospice Referral Form

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	Emmanuel House	Carpenter House	Hospice Niagara	McNally House	Bob Kemp	Stedman	Margaret's Place
Fax #	905-308-8116	905-631-7107	905-646-3860	905-309-6656	905-318-8411	519-751-7527	905-628-0825

Patient Information BRN#

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Current Location _____

SDM _____ Relationship _____ Phone _____

Preferred Language _____ Gender Identity _____

Care Coordinator _____ Phone _____ Ext. _____

Service(s) Requested (please check all that apply)

☐ Residence Bed ☐ Day Program ☐ Outreach Team ☐ Visiting Volunteer ☐ Bereavement ☐ Psychosocial Spiritual

Primary Community Health Care Provider Information

Community MRP Name _____ MRP aware of referral request? ☐ Yes ☐ No ☐ Unknown

MRP Phone _____ Backline or Cell _____ MRP Fax _____

Primary Specialist _____ Phone _____ Fax _____

Medical Information

Primary Diagnosis _____ Date of Onset _____ PPS _____

Secondary Diagnoses / Comorbidities _____

Allergies _____

Symptoms Requiring Management (nausea, pain, etc.) _____

Patient & Family's Goals & Expectations _____

Other Relevant Information _____ DNR ☐ Yes ☐ No

History of: MRSA ☐ Yes ☐ No ☐ Unknown VRE ☐ Yes ☐ No ☐ Unknown C-Diff ☐ Yes ☐ No ☐ Unknown

COVID Vaccination ☐ Unimmunized ☐ Partially Immunized ☐ Fully Immunized Date of Last Dose: _____

Attachments ☐ Medical Summary / Health History ☐ Consult / Progress Notes ☐ Other Notes ☐ Pertinent Diagnostic Tests

☐ Current Medication List ☐ Pharmacy

Referral Source

Referring Practitioner Name _____ Position _____

Organization _____ Phone _____ Ext. _____

Signature _____ Date _____

Referral Eligibility for Hospice Residence Confirmed by

Care Coordinator _____ Date _____ Phone # _____

Patient Name _____

BRN # _____

Palliative Performance Status (PPS) Guide

(✓)	PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
	100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
	90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
	80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
	70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
	60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance	Normal or reduced	Full or Confusion
	50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
	40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
	30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
	20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
	10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Full or Drowsy +/- Confusion
	0%	Death				

Hospice Services Available by Location

Hospice	Location	Phone Number	Residence Beds	Day Programs	Outreach Team	Visiting Volunteer	Psychosocial Spiritual Bereavement
Emmanuel House	Hamilton	905-308-8401	Yes	No	Yes	No	Yes
McNally House	Grimsby	905-309-4013	Yes	No	No	No	Yes
Hospice Niagara	St. Catharines	905-984-8766	Yes	Yes	Yes	Yes	Yes
Carpenter Hospice	Burlington	905-631-9994	Yes	Yes	Yes	No	Yes
Bob Kemp	Hamilton	905-387-2448	Yes	Yes	Yes	Yes	Yes
Stedman	Brantford	519-751-7096 ext. 2500	Yes	Yes	Yes	No	Yes
Margaret's Place	Hamilton	123-456-7890	Yes	Yes	Yes	No	Yes

