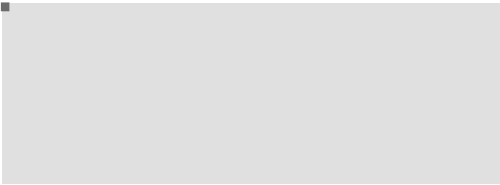




General Hospital and Centenary Hospital
Phone: 416-438-2911, ext. 3068
Fax: 647-598-4003



Outpatient Palliative Care Clinic Referral Form

Patient Information

Name: _____ Age: _____

Next of kin: _____ Relationship to patient: _____

Contact number(s): _____

Diagnosis

Service Requested

Pain and symptom management (for symptoms related to life-limiting diagnosis)

Advance care planning

Please indicate symptom concerns, if applicable:

Pain
Location: _____

Nausea/Vomiting Constipation Confusion Dyspnea

Other (please specify): _____

What treatments are currently being used/planned (e.g. medication, radiotherapy):

Has code status been discussed: Yes No CPR Status: _____

Goals of Care: _____

Preferred Clinic:

General
 Centenary
 Virtual appointment

Clinician Signature

Referring physician/nurse practitioner name (print): _____

Signature: _____

Billing number: _____ Date: _____

Please fax the completed referral form to 647-598-4003

To discuss a referral or arrange an appointment, please leave a message at
416-438-2911 xt. 3068 , and we will return your call at our earliest opportunity

General Hospital: 3050 Lawrence Ave E., Scarborough M1P 2V5 | **Centenary Hospital:** 2867 Ellesmere Rd, Scarborough M1E4B9