頤康 Peter K Kwok | Scarborough YEE HONG Hospice

RESIDENTIAL HOSPICE REFERRAL FORM

Office Use Only
Date Received
File Number

Client Information

SURNAME			
FIRST NAME	**Preferred name**		
HEALTH CARD NUMBER	**Version**		
DOB (MMM/DD/YYYY)		**Gender**	☐ M ☐ F ☐ Other: _____
ADDRESS	**Postal Code**		
PHONE NUMBER	Home	Cell. #	
Primary Contact Person Relationship: _____	Name Email Address:	Tel. #	
Able to speak English?	☐ Yes ☐ No; Primary language is _____		
Current Care Service	☐ CELHIN Home Care ☐ Scarborough Health Network (SHN) ☐ SCHC Palliative Care Community Team (PCCT) ☐ Hospital, _____ ☐ Long Term Care, _____ ☐ GP, Dr. _____ ☐ Other, specify:		

Current PPS:
☐ 50% ☐ 40% ☐ 30%
☐ 20% ☐ 10%
☐ Greater than 50%

Urgency:
☐ < 24 hours
☐ 1-2 business days
☐ < 1 week
☐ 1-2 week
☐ > 2 week
☐ Future admission

Signed DNR-C form:
☐ Yes ☐ No

Prognosis:
☐ < 1 week
☐ < 1 months
☐ < 3 months
☐ > 3 months

Diagnosis Information

Diagnosis		**Mets (if cancer) to:**	**When diagnosed (MM/YY)**
Co-Morbidities			
Awareness	Individual aware of diagnosis ☐ Yes ☐ No ☐ Not sure ☐ Does not wish to know Family aware of diagnosis ☐ Yes ☐ No ☐ Not sure ☐ Does not wish to know		
Current Care Needs	☐ Hydration: ☐ SC ☐ IV ☐ Feeding tube ☐ Central Line ☐ Port-A-Cath ☐ PICC line ☐ Oxygen ☐ Infusion pump ☐ CADD pump, Medication: ☐ Foley Catheter ☐ Ostomy Care ☐ Tracheostomy ☐ PleruX catheter ☐ Tenckhoff catheter ☐ Pressure Sore, location & stage: ☐ Wound Care, specify: ☐ Other Needs:		
Current Symptoms	☐ Pain, location: ☐ Delirium ☐ Infection ☐ Nausea/vomiting ☐ Shortness of Breath ☐ GI symptoms:		
Special Needs	☐ MRSA/VRE (+) ☐ C-Diff (+) ☐COVID-19 ☐ Respiratory infection ☐ Others, specify precaution:		

Referral Source

Referring Clinician ☐ Physician ☐ Nurse Practitioner ☐ Social Worker ☐ LHIN Care Coordinator	**Name & Discipline**	**Tel. #**	**Fax #**
	CPSO#/CNO#	**OHIP #**	**Date of submission**

Referral Checklist (Attach all supportive documents)
☐ Recent consultation notes
☐ Current medication list
☐ Recent laboratory results
☐ Recent diagnostic imaging reports
☐ Infection control management (within 2 weeks)
☐ Specific care protocols e.g. wound care, drain care

Additional Supporting Information

Please fax the referral form with the supportive documents to: **647-797-2276**
Questions? Please call Yee Hong Hospice: 416-412-4571 Ext. 5310 or email us at **Hospice@yeehong.com**

Admission Criteria

Residential care is provided to individuals who are 16 years and older and meet the following criteria:

- Adults (16 years and older) with any life limiting illness who have elected a residential palliative hospice as their desired care setting
- Prognosis of less than one (1) month and Palliative Performance Scale (PPS) of 30% or less
- Symptoms are manageable by the residential hospice
- Individual is non-bariatric
- Individual is unable to manage and remain at home (either lives alone without informal support *or* Individual has informal support but care needs exceed the ability of the support team)
- Recognize that restorative care and resuscitation is not a service we provide,
- Understand that no extensive diagnostics or treatments are offered other than those required for symptom and pain management and comfort measures, and
- Live in or have family members who live in Scarborough or in the Eastern Greater Toronto Area
- Have a designated Power of Attorney for Personal Care (POA) or a Substitute Decision Maker (SDM)
- Have a Do Not Resuscitate form (DNR) completed
- Individuals must possess a valid Ontario health card, *or* coverage under the Interim Federal Health Plan *or* Treaty status (First Nations people)
- Have a valid COVID-19 test result available prior to the admission
- Exceptions to these criteria will be assessed on a case by case basis and in collaboration with other services according to need and bed availability

Palliative Performance Scale (PPSv2)

version 2

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 *with* 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 necessary	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	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-