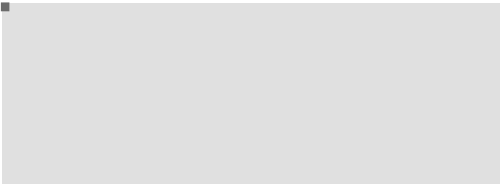




General Hospital and Centenary Hospital  
Phone: 416-438-2911, ext. 3068  
Fax: 647-598-4003



## 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