Halton Healthcare
GEORGETOWN • MILTON • OAKVILLE

Oakville Trafalgar Memorial Hospital

Outpatient Non-Oncology Palliative Care Referral

Address: Oakville Trafalgar Memorial Hospital, 3001 Hospital Gate, Oakville, ON L6M 0L8 **Clinic Phone: 905-845-2571 ext 3745** **Fax: 905-815-5109**	Referral Source: ❒ In-Patient ❒ Out-Patient	**Please complete all fields and sign form. Missing or incomplete information will delay processing of referral**

Personal Information

Name of Patient:		Gender: ❒ Male ❒ Female
Health Card Number:		Date of Birth:
Address:		
Phone Number:		Marital Status:
Person to Contact / Relationship to Patient (mandatory)	**Phone Number:**	Patient has been informed about referral: ❒ Yes ❒ No
Living Arrangements: ❒ Alone ❒ Spouse/Partner ❒ Family Is CCAC Involved? ❒ Yes ❒ No	Language: ______ Do you require Halton Healthcare to arrange interpreter services on your behalf? ❒ Yes ❒ No	

Referral Information

Referral Source: ❒ Physician Office ❒ ER ❒ CCAC ❒ Inpatient ❒ Other: ______

Referring Physician:	Phone:	Fax:
Referring Physician Signature:	Date of Referral:	Billing Number:
Name of Family Doctor	Phone:	Fax:

Main Concerns: Please note – in order for referral to be processed in a timely manner, all information must be completed.

______

______

When to Refer:

❒ Heart failure

❒ Pulmonary disease

❒ End-stage renal disease

❒ Advanced liver disease

❒ Neurologic disorder (including stroke)

❒ Other (specify):

Criteria:

❒ Complex symptoms

❒ Progressive deterioration in functional status or rapid progression of illness over several months

❒ Prognosis < 1 year

Patients Who Do Not Meet Referral Criteria Include:

❒ Patients with chronic, stable disease and anticipated life expectancy > 1 year

❒ Patients with chronic pain problems not associated with a progressive terminal condition

Urgency Of Referral	❒ Routine Assessment: ______ ❒ Urgent Reason: ______

History

Past Medical History: ______

Specialists involved in care: ______

Medications: ______

Infection Control: Has the patient ever had any of the following infections (check all that apply)?

❒ MRSA ❒ VRE ❒ C. Difficile ❒ TB ❒ ESBL