

Fax to Appletree Maternity at 250-354-3894
For Urgent Consults phone Lisa Sawyer at 250-505-4881

Patient Name/Label

Referral Form: Palliative Care Consult

Referring Physician/Nurse Practitioner: _____ Billing Number: _____

Patient Name: _____ Date of Birth: _____

Telephone: _____ Alternate Family Contact #: _____ Relationship: _____

Address: _____

Diagnosis and Current Treatment Goals:

How can I help you in the care of this patient?

One-time Consultation

Follow-up

Check off specific areas of concern if applicable:

- Symptom Management Prognosis Transition Planning Family conflict
 Psychosocial support Goals of Care End of Life Care

Current Location: Home () Hospital () Residential Care ()

Urgency:

- Emergent (within 72hours) e.g. pain or symptom crisis
 Urgent (1-2 weeks) e.g. psychosocial crisis, family support, pain/symptom management
 Non-urgent (2-4 weeks) e.g. discharge planning, decision making, info re: palliative care

Physician Signature: _____ Date: _____

Telephone: _____