

Please send completed form to:  
 Huron Shores FHT Palliative Care Team  
 @ [palliativefht@nshn.care](mailto:palliativefht@nshn.care) OR  
 Fax: 705-356-2403



**Palliative Care Program**  
*Huron Shore Family Health Team*

**REFERRAL FORM**

Is Referral Urgent (assessment within 2 working days)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Patient consent to referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family physician aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient Details / Label		
Surname	First Name	Office Use:
DOB:	Male <input type="checkbox"/> Female <input type="checkbox"/> Age _____	
HC#:	Marital Status:	
Address: Postal Code: Tel:	Mobile Tel:	

Referral Details	
Primary diagnosis(s):	Current treatment plan: <input type="checkbox"/> Chemo <input type="checkbox"/> Hormone <input type="checkbox"/> Radiation <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Other _____ <input type="checkbox"/> Treatment Declined <input type="checkbox"/> Not eligible for treatment – please explain:
Are there any metastases: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provide details:	
Prognosis: <input type="checkbox"/> Days-Weeks <input type="checkbox"/> Weeks-Months <input type="checkbox"/> Months-Years <input type="checkbox"/> Unknown	Is patient aware of prognosis: Yes <input type="checkbox"/> No <input type="checkbox"/>
Current symptoms/issues:	
Palliative Performance Scale (PPS): _____ (See reverse for PPS scale)	DNR in place: Yes <input type="checkbox"/> No <input type="checkbox"/>

Other care providers if known
Home and Community Care: Yes <input type="checkbox"/> No <input type="checkbox"/>
Oncologist (name/number):
Specialist (name/number):
Other (name/number):

Referred By (please print)	Signature
Phone	Date

Palliative Performance Scale (PPSv2)					
PPS Level	Ambulation	Activity Level & Evidence of Disease	Self-care	Intake	Conscious level
PPS 100%	Full	Normal activity & work <b>No evidence</b> of disease	Full	Normal	Full
PPS 90%	Full	Normal activity & work <b>Some evidence</b> of disease	Full	Normal	Full
PPS 80%	Full	Normal activity & work <i>with effort</i> Some evidence of disease	Full	Normal or reduced	Full
PPS 70%	Reduced	Unable normal activity & work <b>Significant</b> disease	Full	Normal or reduced	Full
PPS 60%	Reduced	Unable hobby/house work <b>Significant</b> disease	Occasional assistance	Normal or reduced	Full or confusion
PPS 50%	Mainly sit/lie	Unable to do any work <b>Extensive</b> disease	Considerable assistance	Normal or reduced	Full or drowsy or confusion
PPS 40%	Mainly in bed	Unable to do most activity <b>Extensive</b> disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
PPS 30%	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Reduced	Full or drowsy +/- confusion
PPS 20%	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Minimal sips	Full or drowsy +/- confusion
PPS 10%	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Mouth care only	Drowsy or coma
PPS 0%	Dead	-	-	-	-

**Instructions:** PPS level is determined by reading left to right to find a 'best horizontal fit.' Begin at left column reading downwards until current ambulation is determined, then, read across to next and downwards until each column is determined. Thus, 'leftward' columns take precedence over 'rightward' columns. Also, see 'definitions of terms' below.

<p>As noted below, some of the terms have similar meanings with the differences being more readily apparent as one reads horizontally across each row to find an overall 'best fit' using all five columns.</p> <p><b>1. Ambulation</b> (Use item <b>Self-Care</b> to help decide the level)</p> <ul style="list-style-type: none"> <li>-Full — no restrictions or assistance</li> <li>- <b>Reduced ambulation</b> — degree to which the patient can walk and transfer with occasional assistance</li> <li>- <b>Mainly sit/lie vs Mainly in bed</b> — the amount of time that the patient is <i>able</i> to sit up or <i>needs</i> to lie down</li> <li>- Totally bed bound — unable to get out of bed or do self-care</li> </ul> <p><b>2. Activity &amp; Evidence of Disease</b> (Use <b>Ambulation</b> to help decide the level.)</p> <ul style="list-style-type: none"> <li>- <b>Activity</b> — Refers to normal activities linked to daily routines (ADL), house work and hobbies/leisure.</li> <li>- <b>Job/work</b> — Refers to normal activities linked to both paid and unpaid work, including homemaking and volunteer activities.</li> <li>- Both include cases in which a patient continues the activity but may reduce either the time or effort involved.</li> </ul> <p><b>Evidence of Disease</b></p> <ul style="list-style-type: none"> <li>- <b>No evidence of disease</b> — Individual is normal and healthy with no physical or investigative evidence of disease.</li> <li>- <b>'Some,' 'significant,' and 'extensive' disease</b> — Refers to physical or investigative evidence which shows disease progression, sometimes despite active treatments.</li> </ul> <p>Example 1: Breast cancer:  <b>some</b> = a local recurrence  <b>significant</b> = one or two metastases in the lung or bone  <b>extensive</b> = multiple metastases (lung, bone, liver or brain), hypercalcemia or other complication</p> <p>Example 2: CHF:  <b>some</b> = regular use of diuretic &amp;/or ACE inhibitors to control  <b>significant</b> = exacerbations of CHF, effusion or edema necessitating increases or changes in drug management  <b>extensive</b> = 1 or more hospital admissions in past 12 months for acute CHF &amp; general decline with effusions, edema, SOB</p>	<p><b>3. Self-Care</b></p> <ul style="list-style-type: none"> <li>-<b>Full</b> — Able to do all normal activities such as transfer out of bed, walk, wash, toilet and eat without assistance.</li> <li>- <b>Occasional assistance</b> — Requires <i>minor</i> assistance from several times a week to once every day, for the activities noted above.</li> <li>- <b>Considerable assistance</b> — Requires <i>moderate</i> assistance every day, for <i>some</i> of the activities noted above (getting to the bathroom, cutting up food, etc.)</li> <li>- <b>Mainly assistance</b> — Requires <i>major</i> assistance every day, for <i>most</i> of the activities noted above (getting up, washing face and shaving, etc.). Can usually eat with minimal or no help. This may fluctuate with level of fatigue.</li> <li>- <b>Total care</b> — Always requires assistance for all care. May or may not be able to chew and swallow food.</li> </ul> <p><b>4. Intake</b></p> <ul style="list-style-type: none"> <li>-<b>Normal</b> — eats normal amounts of food for the individual as when healthy</li> <li>- <b>Normal or reduced</b> — highly variable for the individual; 'reduced' means intake is less than normal amounts when healthy</li> <li>- <b>Minimal to sips</b> — very small amounts, usually pureed or liquid, and well below normal intake.</li> <li>- <b>Mouth care only</b> — no oral intake</li> </ul> <p><b>5. Conscious Level</b></p> <ul style="list-style-type: none"> <li>-<b>Full</b> — fully alert and orientated, with normal (for the patient) cognitive abilities (thinking, memory, etc.)</li> <li>- <b>Full or confusion</b> — level of consciousness is full or may be reduced. If reduced, confusion denotes delirium or dementia which may be mild, moderate or severe, with multiple possible etiologies.</li> <li>- <b>Full or drowsy +/- confusion</b> — level of consciousness is full or may be markedly reduced; sometimes included in the term stupor. Implies fatigue, drug side effects, delirium or closeness to death.</li> <li>- <b>Drowsy or coma +/- confusion</b> — no response to verbal or physical stimuli; some reflexes may or may not remain. The depth of coma may fluctuate throughout a 24-hour period. Usually indicates imminent death</li> </ul>
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