

**Consult Service Request**

<b>■ Please fax the completed form to 403.270.9652</b>		Date (yyyy-Mon-dd)	
Patient Name		PHN#	
Date of Birth (yyyy-Mon-dd)		PARIS ID#	
Address		Postal Code	Phone
<b>Diagnosis</b>			
Primary: Cancer		Metastases	
Primary: Non-Cancer		Co-Morbidities	
<b>Reason for Consult</b>		<input type="checkbox"/> <b>Consult Only</b> <input type="checkbox"/> <b>Assess for Possible Transfer of Care</b>	
<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Symptom Management <input type="checkbox"/> Psychosocial distress for person or family <input type="checkbox"/> Education needs of the person or family <input type="checkbox"/> Coordination of care		<input type="checkbox"/> Pain Management <input type="checkbox"/> Deteriorating physical or cognitive function <input type="checkbox"/> Spiritual distress for person or family <input type="checkbox"/> End of Life decision making <input type="checkbox"/> Transition to Hospice	
Please describe the concern(s) that has/have promoted this referral.			
Is patient aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Type of Residence</b>		<b>Live with</b>	
<input type="checkbox"/> PAL <input type="checkbox"/> Personal Care Home <input type="checkbox"/> Private Home <input type="checkbox"/> Lodge <input type="checkbox"/> Other _____		<input type="checkbox"/> No one (alone) <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Other (i.e. non-relatives) _____	
<b><i>The referring source will be contacted within 3 - 5 business days upon receipt of the referral. If consult requests are emergent (same day), the patient's physician can obtain immediate phone advice from a Palliative Care Physician Consultant by contacting RAAPID at 403-944-4486</i></b>			
Consult Requested by (please print)		<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RRT <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> SW	
Team		Pager	Cell
Primary Care Physician (please print)			
Contact Number		Physician Informed of Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Care Coordinator (please print – if different than above)			
Phone	Pager/Cell	Team	
<b>For Office Use Only – Notification of Team</b>			
To (please print)		Date (yyyy-Mon-dd)	
By (please print)		Via <input type="checkbox"/> Pager <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Voice Mail <input type="checkbox"/> Other _____	

## Guidelines for Palliative Care Consult Service – Community (Urban) Consult Requests

The Palliative Care Consult Service provides support to patients, families, Home Care clinicians and family practitioners with concerns regarding the management of adult patients with palliative symptoms and/or issues related to his/her life-limiting disease. The team is comprised of palliative physicians, Clinical Nurse Specialists and a Clinical Specialist in End-Stage Pulmonary Disease.

### The Palliative Care Consult Service – Community (Urban) can be consulted for the following

- Palliative pain and symptom management for patients with a life-limiting disease.
- Psychosocial and spiritual concerns that relate to end of life care.
- Educational support for patients and families regarding disease progression, prognosis and the goals of palliative care.
- To support the management of palliative patients in the community, access to palliative community resources and/or facilitating transitions to hospice.

Some patients seen by the Consult Service may not require transfer to Palliative Home Care. Patients recommended for transfer have palliative symptom issues that require ongoing assessment and management. Prognosis is anticipated to be within 6 months and the goal of care is comfort and symptom management.

### How to make a request for a Palliative Consult in the Community (Urban)

The patient must be on Home Care to be seen by the Consult Team (exceptions are made by the team).

- Complete the Palliative Care Consult Service – Community (Urban) Consult Request Form
- **Fax** the completed form to the Clinical Program Assistant at **403.270.9652**.
- If the consult is **urgent**, please call 403.944.2304. An urgent referral is appropriate when pain or symptom management recommendations are needed within 24-48 hours.  
If an in-person visit is not possible, then a phone consult may be provided.
- If consult requests are **emergent** (*same day*), the patient's physician can obtain immediate phone advice from a Palliative Care Physician Consultant by contacting RAAPID at 403-944-4486
- The referral will be sent to the appropriate Consult team member. You will be contacted by the team member to discuss the patient further with a joint visit preferred. If you have not been contacted within 7 business days, please call 403.944.2304 to inquire regarding the consult.

### What to expect from a Palliative Consultation:

The completed Consult Note with recommendations will be faxed to the patient's Community Care Coordinator to be placed in the working file. The consult note will also be sent to appropriate health care professionals involved with the patient (i.e. ALS clinic, TBCC, Family Physician).