Alberta Health Services

Palliative Care Consult Service – LTC / SL
Phone 403.943.0251
Fax 403.943.0231

Consult Service Request

■ **Please fax the completed form to 403.943.0231**

	Date *(yyyy-Mon-dd)*
Resident/Client Name	PHN # GCD
Date of Birth *(yyyy-Mon-dd)* | Age	Physician ______ Is Physician aware of consult? ☐ Yes ☐ No
CC/DAL/SL/PCH and Unit Unit contact number	Consult Requested by ______ Discipline: ______
Diagnosis	
Primary: Cancer Dx Date*(yyyy-Mon-dd)*	Primary: Non-Cancer
Metastases: ☐ Bone ☐ Brain ☐ Lung ☐ Liver ☐ Lymph ☐ Other *(Please check all that are relevant)*	Co-Morbidities:
Symptom Management ☐ Pain ☐ Chronic persistent pain ☐ Dyspnea ☐ Confusion/delirium ☐ Nausea/vomiting ☐ Anxiety	**Issues Regarding** ☐ Nutrition/hydration ☐ ACP/GDC ☐ Transfer to Acute Care ☐ Other ☐ Assessment for Hospice
Please provide EOL Support for *(Check all that apply)*	☐ Staff ☐ Family ☐ Resident/Client
Reason for referral.	
Other Medical History:	

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

Supportive Living	LTC	
AHS Case Manager ______ Contact number	Primary RN	Contact number
AHS Nurse Practitioner ______ Contact number		

Please include ☐ Recent Lab results ☐ Recent Diagnostic Tests ☐ Current Medications list and known allergies ☐ Recent discharge summaries

For Office Use Only	
To *(please print)*	Date *(yyyy-Mon-dd)*
By *(please print)*	Via ☐ Pager ☐ Email ☐ Phone ☐ Fax ☐ Voice Mail ☐ Other ______

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