What is a palliative care referral form?

The palliative care referral form enables sending service providers to send patients requiring palliative care to receiving palliative care units. Listed below are all the tabs in the Palliative Care referral form. Please view ‘How do I complete a referral?’ for more details.

Client Details (1)
Includes a summary of key information about the referral form, such as Patient name, MRN and responsible person(s) for the referral. This is a standard tab across all referral care types.

Demographics (2)
Includes relevant information identifying the patient. This is a standard tab across all referral care types.

Supplementary Information (3)
Contains any required patient information which is not currently captured on the demographics tab.

Referral Information (4)
Includes information about the patient’s application status, reason for admission, individual and family’s awareness of diagnosis and prognosis etc.

Health Assessment Information (5)
Includes health and medical information about the patient.

Send/Manage Referrals (6)
The Send/Manage Referrals tab includes current referrals associated with the patient and functionalities to send the referral. Please view ‘How do I send a Palliative Care referral?’ guide for more details.

Access to different care type referral forms is set at an organization and user level. Please contact your Local Registration Authority (LRA) for details and to request access. If you are unsure of your LRA, please contact the RM&R program at rmr_program@uhn.ca