What is a palliative care referral form?



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.

Welcome, Training Acting as: <u>TEST - Refer</u>	ome, Training g as: <u>TEST - Referral Sender</u> Date: Of Birth: N/A Health Card Number: No identifier		16	strata PathWay:							
As t > Dashb	2 elect C	Care Type > Client Details		Go Back	Help	Dashboard	Home	Switch To	Log Out	Q/	
Client Details 🖉 De	mographics	Supplementary Information	8 Referral Information	3 Health Assessn	nent Informa	ation 🛛 Send :	and Manage F	Referrals			
2 Profile Report	Profile His	story Report							B Si	ave	
Care Type Palliative Care (manage)					01-	e On Hold					
Name	999test	999test999, training - April 12, 2016 💬			Plai	e Un Hold					
Health Card Number		No identifier		0	Deactivate						
MRN	000580	04(StrataHealth)		A	[)ecease					
CHRIS ID											
Responsible Person(s	O Shr	er by TEST - Referral Send ow All	ler								
Other Interested Partie	is 🗌										
Other Care Types	her Care Types CCAC Referral (Watmough, Mark (PROD)) LTCH Application										
Referral Owner	TEST	- Referral Sender									
Profile Status	Incomp	olete									

		-	identifier						PathWay	/S
sessment > □	ashboard > Select	t Care Ty 3 oplementary	Infor 4	Go Back	Help	Dashboard	Home	Switch To	Log Out	
Client Details	Oemographics	Supplementary Information	8 Referral Information	8 Health Assess	ment Inform	ation 🛛 🕄 Sen	d and Manage	Referrals		
									8 S	Sa
Gender							_			ĺ
О Ма	le	0	Female			O Other				
Patient Alten	nate Phone Numbe	н								
		of number (i.e. work, home, ce	ell)							
									\sim	
Faith/Polizia	in									
	n									
Faith/Religio	n									
	n									
	n									
Specify:										
Specify:										
Specify:										
Specify:										
Specify: Primary Lan	nguage(s)	Viewing client 999test999.	, training - April 12, 201	16						
Specify: Primary Lan	nguage(s)	Date Of Birth: N/A		16					TRATA	
Specify: Primary Lar	nguage(s)	Viewing client. 999tes1999, Date Of Birth: N/A Health Carl Number: No I		16						s
Specify: Primary Lar come, Traini ng as: TEST	nguage(s) ing. - Referral Sender	Date Of Birth: N/A Health Card Number: No id	dentifier					F	PathWays	s
Specify: Primary Lar come, Traini ng as: TEST	nguage(s) ing. - Referral Sender	Date Of Birth: N/A	dentifier	Gal	Help	Dashboard				s
Specify: Primary Lar come, Traini ng as: TEST	nguage(s) ing. - Referral Sender	Date Of Birth: N/A Health Card Number: No id	dentifier		Help	Dashboard	6	F	PathWays	s
Primary Lar come, Training as: TEST essment > D	nguage(s) ing - Referral Sender iashboard > Select	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			•	F Switch To	PathWays	s
Specify: Primary Lar come, Traini ng as: TEST essment > D	nguage(s) ing - Referral Sender iashboard > Select	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			6 s and Manage F	F Switch To	PathWays	S
Specify: Primary Lar come, Traini ng as: TEST essment > D	nguage(s) ing. - Referral Sender	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Gal			•	F Switch To	PathWays	s
Specify: Primary Lar come, Traini ng as: TEST essment > D	nguage(s) ing - Referral Sender iashboard > Select	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			•	F Switch To	PathWays Log Out	
Specify: Primary Lar come, Traini ng as: TEST essment > D	nguage(s) ing - Referral Sender iashboard > Select	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			•	F Switch To	PathWays	
Specify: Primary Lar come, Training as: TEST essment > D Slient Details	nguage(s) - Referral Sender ashboard > Select Demographics	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			•	F Switch To	PathWays Log Out	iav
Specify: Primary Lar come, Training as: TEST essment > D Client Details	nguage(s) ing - Referral Sender ashboard > Select O Demographics Prognosis	Date CP Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5		etion Send	d and Manage F	F Switch To	PathWays Log Out	iav
Specify: Primary Lar come, Training as: TEST essment > D Client Details Anticipated	nguage(s) - Referral Sender ashboard > Select Demographics	Date Of Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5			d and Manage F	F Switch To	PathWays Log Out	
Specify: Primary Lar come, Training as: TEST essment > D Client Details Anticipated 0 <1 r	nguage(s) ing - Referral Sender ashboard > Select O Demographics Prognosis	Date CP Birth: N/A Health Card Number: No id Care Type > Health Assessm	dentifier nent Information	Go i 5		etion Send	d and Manage F	F Switch To	PathWays Log Out	av

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**

Primary Palliative Diagnosis