

Date: \_\_\_\_\_

PHN: \_\_\_\_\_

PARIS #: \_\_\_\_\_

# Physician Referral

## Vancouver Community Palliative Care Program

**Home Consult Team**  
 Tel: 604-742-4010  
 Fax: 604-699-9742

**Nancy Chan Ambulatory Clinic**  
 Tel: 604-659-1160  
 Fax: 604-699-9742

The below-named has come under the care of Vancouver Coastal Health. As permitted by the Freedom of Information and Protection of Privacy Act, we are requesting that copies of his/her records be forwarded to the fax number on the left.

### CLIENT DETAILS

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: (dd/mm/yyyy): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Tel: \_\_\_\_\_ Can we leave a message?  Yes  No Email: \_\_\_\_\_

Primary Contact (Name): \_\_\_\_\_ Tel: \_\_\_\_\_ Alt Tel: \_\_\_\_\_

Language: \_\_\_\_\_ Does Client/Family need a translator booking for the clinic apt?  Yes  No

### HEALTH INFORMATION

Primary diagnosis: \_\_\_\_\_

Other illnesses affecting health: \_\_\_\_\_

Prognosis:  >1 yr  <1 yr  <6 mths  <3 mths  wks

Describe symptoms: \_\_\_\_\_

What is the client's understanding of their prognosis and reason for referral? \_\_\_\_\_

### Reason for Referral:

- Financial
- Family tension
- Caregiver stress
- Living at risk
- Decision-making
- Advanced care plan
- Pain
- Nausea
- Poor appetite
- Dyspnea/ SOB
- Fatigue
- Dysphagia
- Depression
- Anxiety
- Spiritual concerns
- Goals of Care
- Other

**Urgency of Referral:**  1-2 weeks  2-4 weeks

**Referral for:**  Nancy Chan Ambulatory Clinic  
 Home Consult Team

### PRIMARY PROVIDER (FP / NP)

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Is client Known to VCH community services?

- Yes  No Community CHC: \_\_\_\_\_
- BC Palliative Care Benefits form completed and submitted
- Community "No CPR" form completed

### REFERRING PHYSICIAN/NP

Name: \_\_\_\_\_ MSP#: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

FP/NP is aware of the referral?  Yes  No

*If No, please contact the primary care provider to inform them of this referral*

### IMPORTANT TO NOTE:

- The palliative care physicians are consultants and are unable to assume primary care.
- If this is a request for Home Consult Team, please ensure a referral to Home Health Nursing has been completed.
- Referrals will be processed within 3 business days. For more urgent referrals call 604-742-4010, press #2, and ask to speak to the palliative physician.
- For 24/7 same day telephone advice from the Home Consult Team please call 604-742-4010, press #2, and request that the palliative physician on call contact you at your cell phone number