|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Referral (yyyy/mm/dd): Time (hh/mm): | | Referral to (*check one*):   * Palliative Care Clinic of the Cancer Centre of South Eastern Ontario (for patients with cancer) * Quinte Satellite Clinic (for patients with cancer) * Regional Treatment Centre Consults (Correctional Services Canada) * Community Palliative Consult Team\*     \*Please also make a referral to home and community services,  if appropriate for the patient | | |
| Patient/Substitute Decision Maker (SDM) consents to palliative care referral (required): Yes ☐ | |
| Last Name: | | First Name: | Date of Birth (yyyy/mm/dd): | |
| Street: | Apartment | City/Province: | Postal Code: | |
| Home Telephone: | | Male ☐ Female ☐ | Preferred Language: | |
| Substitute Decision Maker (SDM): | | Contact Number: | Relationship: | |
| Primary Care Provider (PCP): | | Phone: | Fax: | |
| **REFERRING PROVIDER INFORMATION (ATTENDING PHYSICIAN OR NURSE PRACTITIONER)** | | | | |
| Printed name | Designation | Signature | Billing Number | Contact Number |
| **Referral Type** (check one):   * Routine (greater than 3 days) **FAX 613-548-2361**      URGENT/EMERGENT referrals REQUIRE a call to the palliative service from the consulting service   * Urgent (1-3 days) **CALL** centralized referral number (CRN) 613-548-2485, then FAX 613-548-2361 * Emergent (same day; pain/symptom crisis **CALL** CRN 613-548-2485) then FAX 613-548-2361 | | | | |
| **Primary Diagnosis:** | | | | |
| **Reason for Referral** (Please describe specific symptoms and treatments tried to date): | | | | |
| **Palliative Performance Score (Required): See reverse for scoring table**  10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100 ☐ | | | | |

* **The Palliative Care Consult Service is not a chronic pain service**
* **Referrals for patients exclusively needing a medical cannabis prescription are not accepted**
* **Assessments for Medical Assistance in Dying (MAID) are not performed**

# Palliative Performance Scale (PPS) v2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PPS**  **Level** | **Ambulation** | **Activity Level & Evidence of Disease** | **Self -care** | **Intake** | **Conscious Level** |
| **PPS 100%** | Full | Normal activity and work  **No evidence** of disease | Full | Normal | Full |
| **PPS 90%** | Full | Normal activity and work  **Some evidence** of disease | Full | Normal | Full |
| **PPS 80%** | Full | Normal activity and work *with*  effort  **Some evidence** of disease | Full | Normal or reduced | Full |
| **PPS 70%** | Reduced | Unable normal activity and work  **Significant** disease | Full | Normal or reduced | Full |
| **PPS 60%** | Reduced | Unable hobby/house work  **Significant** disease | Occasional assistance | Normal or reduced | Full or confusion |
| **PPS 50%** | Mainly sit/lie | Unable to do any work  **Extensive** disease | Considerable assistance | Normal or reduced | Full or drowsy or confusion |
| **PPS 40%** | Mainly in bed | Unable to do most activity  **Extensive** disease | Mainly assistance | Normal or reduced | Full or drowsy  +/- confusion |
| **PPS 30%** | Totally bed bound | Unable to do any activity  **Extensive** disease | Total care | Reduced | Full or drowsy  +/- confusion |
| **PPS 20%** | Totally bed bound | Unable to do any activity  **Extensive** disease | Total care | Minimal sips | Full or drowsy  +/- confusion |
| **PPS 10%** | Totally bed bound | Unable to do any activity  **Extensive** disease | Total care | Mouth care only | Drowsy or coma |
| **PPS 0%** | Dead |  |  |  |  |
| **Instructions:** PPS level is determined by reading left to right to find a ‘best horizontal fit.’  Begin at left column reading downwards until current ambulation is determined. Then, read across to next columnand downwards until each column is determined. Thus, ‘leftward’ columns take precedence over ‘rightward’ columns. | | | | | |