Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH — Hôpital Général de Kingston General Hospital

Affix patient information label here

Palliative Care Consult Team Referral

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)
Patient/Substitute Decision Maker (SDM) consents to palliative care referral (required): Yes ☐	☐ Community Palliative Consult Team (for patients with or without cancer) **Home Care services must be in place prior to being seen by community palliative consult team**

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 (1-3 days) **FAX 613-548-2361 and CALL centralized referral number (CRN) 613-548-2485**
☐ Emergent (same day; pain/symptom crisis) **FAX 613-548-2361 and CALL CRN 613-548-2485**

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 Care Consult Team Referral

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 column and downwards until each column is determined. Thus, 'leftward' columns take precedence over 'rightward' columns.