

Champlain Regional Palliative Consultation Team (RPCT) Referral Form

24-hour / 7days Telephone Consultation Service for Professionals

Tel: 613 - 562 - 6397 or
Tel: 1- 800- 651- 1139

Fax: 613 - 562 - 6394 or
Fax: 1- 844- 689- 1768

Regular (5-10 working days)

Urgent (within 2 working days)

Date:

From: Physician's office CCAC Acute Care Hospital Hospice
 Nursing Agency LTC Facility Retirement Home Other

Referring Professional:

Location:

Tel: Fax:

Family physician has been notified of request for consultation

Family physician name: M.D.billing #:

Private Line #: Cell /Pag: Fax:

Other specialist involved in care:

PATIENT INFORMATION

Name of patient (please print): DOB:

Address (full): Room/Apt #:

..... Postal Code: Telephone:

OHIP #: Male Female French English

CCAC Care Coordinator (if involved):

Diagnosis: Cancer:

Non-Cancer:

Reason for referral: Pain Management Symptom Management EOL Care

Summary:

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► Please return this form with any relevant information (MED list) to RPCT office by FAX at 613-562-6394 ◀