

Dr. Daniel Vincent, Dr. Richard Plantive, Dr. Martin Rioux

PLEASE CONTACT US DIRECTLY BY PHONE **(613-422-1255)** PRIOR TO FAXING  
NEW REFERRAL

FAX COMPLETED FORM TO **(613) 212-1231**

Soins Palliatifs Orléans (SPO) provides bilingual community palliative care to patients in Blackburn Hamlet, Orleans and Cumberland, ON including area codes **K1B, K1C, K1W, K1E, K4A, K4B, K4C, K0A (depending on proximity to Orleans)**

We support early integration of palliative care, in conjunction with disease modifying treatments for patients and their families through community palliative care support.

We accept referrals for patients with life-limiting illnesses who would benefit from being supported by 24 hour/day palliative care services in the community.

We do not have a specific Palliative Performance Scale (PPS) cut off, and will support patients receiving any form of palliative treatments including oral or intravenous palliative chemotherapy or radiotherapy

We also provide palliative care consultation services in the community and can take the role of most responsible provider if requested. Palliative care billing codes are out-of-basket and do not impact FHO access bonuses.

Submission of referral indicates that referring physician has obtained consent of patient, POA or SDM to release any personal health information requested by SPO to facilitate referral and subsequent care.

If the patient is being discharged from hospital, please give adequate notice of projected discharge date and confirm discharge by phone on date of discharge. Most responsible provider role is not assumed until patient is seen by Soins Palliatifs Orléans (patient can almost always be seen within 24-48 hours).

#### **REFERRAL PROCESS**

- Patients with life-limiting illness who would benefit from being supported by community palliative care
- No PPS criteria or need for discontinuation of palliative treatments (chemotherapy or radiotherapy)
- Champlain LHIN palliative care referral
- Signed MD referral form with contact information
- No family physician or family physician unable to provide palliative care at home

#### **PLEASE ENSURE THE FOLLOWING COMPLETED PRIOR TO FAXING REFERRAL**

- Most recent consult/clinic notes, discharge summary
- Diagnostic imaging (x-ray, ultrasound, CT scan, MRI)
- Most recent lab investigations

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REFERRING PHYSICIAN NAME:
BILLING NUMER AND OFFICE CONTACT NAME AND NUMBER

<b>PATIENT NAME</b>
Address where palliative care is to be provided Street Address Postal Code
TELEPHONE NUMBERS Home phone Other contact number
Health Card Number Version Code Expiry Date
DOB(mm/dd/yyyy) Gender
PATIENT SUPPORT SERVICES CCAC Case Manager/Retirement home director of care
SUPPORTS AT HOME:

<b>PATIENT STATUS AT TIME OF REFERRAL</b>
GOALS OF CARE/REASON FOR REFERRAL
URGENCY OF REFERRAL: 24-48 hours or 1-2 weeks
DNR: YES OR NO PPS (%)
CURRENT LOCATION:
LIFE-LIMITING ILLNESS / ANTICIPATED PROGNOSIS
METASTATIC SITES:
COMORBIDITIES:
CURRENT SYMPTOMS/DISEASE COMPLICATIONS: