



COMMUNITY PALLIATIVE REFERRAL FORM

Referrals must be filled out accordingly in order to be processed. Missing information will result in a delayed response time. All consults will be triaged and seen as soon as possible.

PATIENT NAME:

PATIENT'S OHIP:

PATIENT'S ADDRESS &
CONTACT NUMBER:

REFERRING MD/NP:

BILLING NUMBER :

RETURN FAX NUMBER :

MOST RECENT PPS:

REASON FOR REFERRAL:

REQUIRED KEY DOCUMENTS:

- RELEVANT CONSULTATION REPORTS OVER LAST 3-6 MONTHS
 - RELEVANT INVESTIGATION REPORTS OVER LAST 3-6 MONTHS
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Catchment Area

If any questions, contact reception for more details.

Cornwall		Most communities along the 401 highway from the Quebec border to Cornwall
Hawkesbury		Most communities along the 17/417 highways from the Quebec border to L'Orignal/Vankleek Hill