HOSPICE MISSISSAUGA

Hospice Mississauga Referral Form

Referral can be made by calling **905 712 8119** *(msg. can be left on general voice mail)*, by fax **905 712 4029** or by email at **info@hospicemississauga.ca**

☐ **Referral** ☐ **Consult**

Client ID#:

Intersection: _____

Client Name: _____ ☐ M ☐ F

Street: _____ Apt: _____

☐ Miss. ☐ Bram. ☐ Malton Postal Code: _____

Phone: _____ Cell: _____

Birth Date: _____ Age: _____

Martial Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common law

Preferred Language: _____

Email (Client): _____

Primary Hospital: _____

Physicians: _____ PPS%: _____

For Hospice Use Only

Recieved Date: _____

Taken by: _____ ☐ Tel. ☐ V.M.

Entered Date: _____

Date released by HCC: _____

Care Coordinator: _____

Referral Source

Name: _____

Organization: ☐ Trillium ☐ CVH ☐ BCH ☐ IAH ☐ CCAC-CW ☐ CCAC-MH

Other: _____

Phone #: _____

Email: _____

Health Card #:

Next of Kin Information

NOK ID#: _____ Name: _____ Relationship: _____

Tel: _____ Cell: _____ Work: _____ Email: _____

Address: (if different from client's) _____

NOK ID#: _____ Name: _____ Relationship: _____

Tel: _____ Cell: _____ Work: _____ Email: _____

Address: (if different from client's) _____

Person to contact to discuss hospice:

Diagnosis: _____

Anticipated prognosis: ☐ < 1month ☐ < 3months ☐ < 6months ☐ < 12months ☐ Uncertain **DNR** ☐ Yes ☐ No

Patient aware of: Diagnosis ☐ Yes ☐ No Prognosis ☐ Yes ☐ No Does not wish to know ☐

Family aware of: Diagnosis ☐ Yes ☐ No Prognosis ☐ Yes ☐ No Does not wish to know ☐

Have end-of-life issues been discussed with patient? ☐ Yes ☐ No

Reason for referral

☐ Psychosocial Support ☐ Information/Education ☐ Caregiver Support ☐ Wellness Programs (includes comp therapy)

☐ HUUG (Children's Program) ☐ Spiritual Care ☐ Bereavement ☐ Other (explain below)

Other:

Urgency of response: ☐ Within 2 days ☐ Within 1 week ☐ Within 2 weeks

Referral made to: ☐ CCAC ☐ IAH ☐ DLH ☐ Tor. Grace ☐ Bethel ☐ **CCAC Case Manager:** _____

Support Services: ☐ Nursing _____ ☐ PSW _____ ☐ OT/PT ☐ Social Work

Other Information: _____