



Client Name:  
PHIN:  
Birthdate:

## Palliative Care Referral Form

Please FAX completed form to Palliative Care 204-388-2049 or

Immediate attention   
Within two weeks   
Consultation only

Primary Diagnosis (Required)					
Estimated Prognosis	<input type="checkbox"/> 0-3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> greater than 6 months		
Primary Care Practitioner	Tel #		Fax #		
Is the primary care practitioner aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment		
Other Care Practitioner	Tel #		Fax #		
Is the client receiving/being considered for chemotherapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments		
Is there a health care directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments		
Is there an Advanced Care Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level	<input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> R
Palliative Performance Scale Score	%	Notice of Anticipated Death at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Person Referring		Date of Referral
Referring Site/ Program		Tel No.
Mailing and Geographical Address of Client		
City/Town/Village	Postal Code	Tel No.
Next of Kin	Relationship	Tel No.
Address of Next of Kin		
Location at Time of Referral	<input type="checkbox"/> Home	<input type="checkbox"/> Hospital <input type="checkbox"/> PCH

Is the client aware of the referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why not?
Is the family aware of the referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why not?
Has the client been informed of the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why not?
Has the family been informed of the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why not?
What services are requested?	<input type="checkbox"/> Pain and symptom management		<input type="checkbox"/> Psychosocial support
<input type="checkbox"/> Bereavement care	<input type="checkbox"/> Volunteer services	<input type="checkbox"/> Palliative Drug Access Program/Home Oxygen	
<input type="checkbox"/> Other			

*Applications for Palliative Care Drug Access Program and Home Oxygen require the completion of those forms.*

For office use:

Date registered

Reviewed by



PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

**Instructions for Use of PPS (see also definition of terms)**

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.

Example 1: A patient who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PPS 50%.

Example 2: A patient who has become paralyzed and quadriplegic requiring total care would be PPS 30%. Although this patient may be placed in a wheelchair (and perhaps seem initially to be at 50%), the score is 30% because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift/transfer. The patient may have normal intake and full conscious level.

Example 3: However, if the patient in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50% since he or she is not 'total care.'

3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a 'best fit' decision. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

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