



## Dr. Melissa Holowaty

1 Madoc Street  
Marmora, Ontario K0K 2M0  
phone: 613 472 2552 fax: 613 472 6135

date:

### Referral Form for Home or Hospice based Palliative Care

We will contact your patient directly with appointment information as well as letting you know when an appointment has been booked for your patient.

Patient name: \_\_\_\_\_

Birth date (DD MM YYYY): \_\_\_\_\_

Health card #: \_\_\_\_\_ Version \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

alt contact name/number : \_\_\_\_\_

Please attach the following:

- Resuscitation status*
- Current medication list - up to date day of referral*
- Diagnosis details - latest specialist & family practice reports, pathology, diagnostic imaging*
- Status of SRK (symptom response kit) - in home or to be ordered*
- Status of home care supports - CCAC involvement*
- PPS (palliative performance scale) and timeframe patient should be assessed by*
- patient is aware of this referral*

Referring physician (please print): \_\_\_\_\_

Physician OHIP #: \_\_\_\_\_

Clinic phone #: \_\_\_\_\_

Referring physician signature: \_\_\_\_\_

Please send on any other information that you feel to be relevant.