

Patient Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Patient Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Preferred Language \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

**Service(s) Requested (please check all that apply)**

- 
- Medical Team (MD and/or NP)
- 
- Psychosocial – Spiritual Support

**Primary Health Care Provider Information**

MRP Name \_\_\_\_\_ Billing # \_\_\_\_\_

MRP Phone \_\_\_\_\_ Backline or Cell \_\_\_\_\_ MRP Fax \_\_\_\_\_

 MRP aware of referral request?  Yes  No  Unknown      MRP has given consent for IPCOT referral?  Yes  No  Unknown

**Medical Information**

Primary Diagnosis \_\_\_\_\_

Secondary Diagnoses / Comorbidities \_\_\_\_\_

 Prognosis  Days or weeks     3-6 months     6 -12 months      **DNR in place**  Yes  No

Main Concern \_\_\_\_\_

Nursing Agency and key contact \_\_\_\_\_

- Attachments**
- 
- Medical Summary / Health History
- 
- Consult / Progress Notes
- 
- Other Notes
- 
- Pertinent Diagnostic Tests
- 
- 
- Current Medication List
- 
- Pharmacy Information

**Performance Status (please place a checkmark beside the estimated percentage)**
**Note:** Patients with a PPS Level of 60% or higher, please consider referral to the Burlington Outpatient Clinic at Joseph Brant Hospital

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

**Signature**

Referral Source Name &amp; Agency \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Contact # \_\_\_\_\_ Date \_\_\_\_\_

The **Burlington Integrated Palliative Care Outreach Team (IPCOT)** is a group of specialist providers from multiple organizations who practice as an inter-professional team.

The IPCOT team have **shared accountability with primary care** for patients requiring a palliative approach to care.

The team is a source of expert advice and consultation that provide specialist palliative care services for patients with complex needs in their homes or place of residence.

The services available include:

- Pain & symptom management support
- Psychosocial-spiritual support, including bereavement
- System Navigation
- Complex serious illness conversations

### **Eligibility Criteria:**

Patients are eligible for the Integrated Palliative Care Outreach Team services if they meet the following criteria:

- An existing patient of Ontario Health atHome
- Diagnosed with a life-limiting progressive illness or disease
- Complex pain and symptoms issues, or complex serious illness conversations or family dynamics
- Meets the triggers in the Gold Standard Framework that suggests patient is nearing end of life:
  - *Would you be surprised if this person were to die within the next year, months, weeks, days?*
  - *General indicators of decline: deterioration, increasing need or choice for no further active care*
  - *Specific clinical indicators related to certain conditions (not limited to cancer) – see [Gold Standard Framework Proactive Identification Guide](#) for more details*
- PPS Level of 50% or less (if PPS Level 60% or higher, consider a referral to the Palliative Outpatient Clinic at Joseph Brant Hospital)
- Residing in the community within our catchment area. Not a resident of a Long-Term Care Home
- Complex or potentially complex psychosocial/spiritual needs for Psychosocial Spiritual Bereavement services

### **How to access to the team:**

1. Complete the Burlington IPCOT referral form (see reverse page) and send supporting documents:
  - Medical summary/ health history
  - Pertinent diagnostic tests
  - Current medication lists
  - Pharmacy information
  - Consult/ progress notes
  - Other notes
2. Fax to: 905-631-6823
3. For additional inquiries, contact the Burlington IPCOT System Navigator at 289-230-0377

**INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS**