

## SOINS PALLIATIFS ORLÉANS (SPO)

Dr. Daniel Vincent & Dr. Richard Plantive

PLEASE CONTACT US DIRECTLY BY PHONE **(613-422-1255)** PRIOR TO FAXING  
NEW REFERRAL

FAX COMPLETED FORM TO **(613) 212-1231**

soinspalliatifsorleans.ca

Soins Palliatifs Orléans (SPO) intake area consist of area codes:

**K4A, K4B, K4C (Up to Dunning Road and Innes)**

**We may be able to accept referrals in K0A (depending on proximity to Orléans)**

Dr. Daniel Vincent and Dr. Richard Plantive work at the Montfort hospital and provide palliative care to patients in Orléans and Cumberland.

Submission of referral indicates that referring physician has obtained consent of patient or POA to release any personal health information requested by SCO to facilitate referral and subsequent care

Please give adequate notice of projected discharge date and confirm discharge by phone on date of discharge.

Care is not assumed until patient is seen by Soins Palliatifs Orléans and patient meets referral criteria

### **REFERRAL CRITERIA**

- Life-limiting illness requiring symptom management or end of life care
- PPS <= 60%
- CCAC palliative care referral
- Signed MD referral form with contact information
- No family physician or family physician unable to provide palliative care at home

### **PLEASE ENSURE THE FOLLOWING COMPLETED PRIOR TO FAXING REFERRAL**

- Care protocols attached. e.g wound care, PICC line, drainage care (pleurX)
- Infection control management (MSRA/VRE/c.difficile)
- Most recent consult/clinic notes
- Diagnostic imaging (x-ray, ultrasound, CT scan, MRI)
- Most recent lab investigations
- Current medications/allergies
- Hospital discharge summary if available

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REFERRING PHYSICIAN NAME:
BILLING NUMER AND OFFICE CONTACT NAME AND NUMBER

<b>PATIENT NAME</b>
Address where palliative care is to be provided Street Address <span style="float: right;">Postal Code</span>
TELEPHONE NUMBERS Home phone <span style="float: right;">Other contact number</span>
Health Card Number <span style="float: right;">Version Code</span> <span style="float: right;">Expiry Date</span>
DOB(mm/dd/yyyy) <span style="float: right;">Gender</span>
PATIENT SUPPORT SERVICES CCAC Case Manager/Retirement home director of care
SUPPORTS AT HOME:

<b>PATIENT STATUS AT TIME OF REFERRAL</b>
GOALS OF CARE/REASON FOR REFERRAL
URGENCY OF REFERRAL: 24-48 hours or 1-2 weeks
DNR: YES OR NO <span style="float: right;">PPS (%)</span>
CURRENT LOCATION:
LIFE-LIMITING ILLNESS / ANTICIPATED PROGNOSIS
METASTATIC SITES:
COMORBIDITIES:
CURRENT SYMPTOMS/DISEASE COMPLICATIONS: