The Scarborough Hospital
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Rouge Valley HEALTH SYSTEM

Affix patient label here

Scarborough and Rouge Hospital – Centenary site

Outpatient Palliative Care Clinic Referral Form

Patient Information

Name: _____ Age: _____

Next of kin: _____ Relationship to patient: _____

Contact number(s): _____

Diagnosis

☐ Cancer

Primary: _____

Metastatic to: _____

☐ Other

_____

Service Requested

☐ Pain and symptom management (for symptoms related to life-limiting diagnosis)

☐ Advanced care planning

Please indicate symptom concerns, if applicable:

☐ Pain

Location: _____

☐ Nausea/Vomiting ☐ Constipation ☐ Confusion ☐ Dyspnea

☐ Other (please specify): _____

What treatments are currently being used/planned (e.g. medication, radiotherapy):

_____

Has code status been discussed: ☐ Yes What is it? _____

☐ No

Physician Signature

Referring physician name (print): _____

Signature: _____

Billing number: _____ Date: _____

Please fax the completed referral form to 416-281-7445

To discuss a referral or arrange an appointment, please leave a message at 416-284-8131 ext. 5035, and we will attempt to return your call within 24 hours.

Outpatient Palliative Care Clinic runs Tuesdays from 1 to 4:30 p.m., and is located at Scarborough and Rouge Hospital – Centenary site, 2867 Ellesmere Road, Scarborough, Suite 106 (across from the Chemotherapy Clinic)

www.rougevalley.ca/palliative-care