



**Freeman Centre for the Advancement of Palliative Care**  
**SUPPORTIVE CARE REFERRAL FORM**

FORM SF0169

Page 1 of 2

Rev. 09/2019

Patient LABEL / Identification Area

The NYGH Supportive Care Clinic consists of a palliative care team that works with a referring NYGH physician to manage symptoms associated with advanced heart failure or lung diseases, facilitate care coordination, engage in advance care planning and goals of care discussion, and assist with end of life care planning. This is an **outpatient consultation clinic**. Please **fax** completed referral form to **416-756-6702**. Please **call 416-756-6000 x 4242** if you have questions or concerns.

*\*Please see over for referral guidelines and urgent referral instructions\**

|  |   |                |  |
|--|---|----------------|--|
| <b>Patient Name:</b>   | <b>DOB:</b>   | <b>Gender:</b> | <b>Does the patient speak English?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Family Doctor:</b>  | <b>Health Card Number and Version Code:</b>   |                | If no, which language: _____   |
| <b>Home Phone:</b> _____<br><b>Work/Cell #:</b> _____  | <b>Contact for appointment:</b><br><input type="checkbox"/> Patient <input type="checkbox"/> Alternate<br><br><i>If alternate, indicate:</i><br><br>Relationship: _____<br><br>Phone #: _____ |                | <b>Is the patient capable of decision making/providing consent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If no, please explain: _____<br>_____ |
| <b>Referral Type:</b><br><input type="checkbox"/> New referral to clinic<br><input type="checkbox"/> Follow-up from hospital discharge   |   |                |  |
| <b>Primary Diagnosis:</b><br><input type="checkbox"/> CHF<br><input type="checkbox"/> Left-sided<br><input type="checkbox"/> HFrEF (EF ____ %)<br><input type="checkbox"/> HFpEF<br><input type="checkbox"/> Right-sided<br>NYHA 2 / 3 / 4 (*see over)<br><br><input type="checkbox"/> COPD<br>Stage:<br><input type="checkbox"/> Moderate/2 (FEV1 50-80%)<br><input type="checkbox"/> Severe/3 (FEV1 30-50%)<br><input type="checkbox"/> Very severe/4 (FEV1 <30%)<br><br>MRC 2 / 3 / 4 / 5 (*see over)<br><br><input type="checkbox"/> IPF/ILD |   |                | <b>Other comorbidities:</b>  |
| Presence of ICD: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: _____  |   |                | <b>* PLEASE ATTACH MED LIST</b>  |

|  |  |   |
|--|--|---|
| <b>Reason for referral:</b> (*see over)<br><input type="checkbox"/> Symptom management<br><input type="checkbox"/> Goals of care discussion<br><input type="checkbox"/> Future care planning (e.g. advance care planning, POA, end-of-life care planning)<br><input type="checkbox"/> Emotional support/coping with life-threatening illness<br><input type="checkbox"/> Community care referral and coordination<br><input type="checkbox"/> Caregiver support<br><input type="checkbox"/> Other/Specific Concerns: | <b>Goals of care discussions have addressed whether patient's condition will:</b><br><input type="checkbox"/> Improve <input type="checkbox"/> Stay stable <input type="checkbox"/> Decline <input type="checkbox"/> Not addressed |   |
|  | <b>Urgency to be seen:</b><br><input type="checkbox"/> 1-2 days* <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 2-4 weeks<br><br><b>*If URGENT – Please see reverse for instructions</b>                              |   |
| <b>Current symptom issues and treatment:</b>   | <b>Prognosis:</b><br><input type="checkbox"/> < 3 months<br><input type="checkbox"/> 3-6 months<br><input type="checkbox"/> < 12 months<br><input type="checkbox"/> > 1 year<br><input type="checkbox"/> Uncertain                 | <b>Palliative Performance Scale</b><br>(see reverse for instructions)<br><br><b>PPS:</b> _____% |

Referring MD (please print name clearly)

Signature

Phone

Date

**Information for referring physicians**

1. All referring physicians and patients must be affiliated with NYGH.
2. For **urgent referrals**, page the on-call palliative care MD at 416-756-6002.
3. Referrals from outside the hospital must be accompanied by appropriate clinical information including consult and clinical notes, laboratory and diagnostic information, and medications with dosages.

| Supportive Cardiology Referral Guidelines   | Supportive Respiriology Referral Guidelines  |       |  |   |   |   |   |   |   |   |   |   |  |
|---|--|-------|--|---|---|---|---|---|---|---|---|---|--|
| <p>Recurrent heart failure with NYHA class III/IV symptoms despite optimal therapy (see below)</p> <p><b>AND 1 or more of the following:</b></p> <p>A) Any one of the following comorbidities: advanced dementia, chronic renal failure, diabetes mellitus, cancer, cerebral vascular disease, interstitial pulmonary fibrosis, oxygen dependent COPD, HIV.</p> <p>B) Repeated admissions with heart failure – 3 admissions in 6 months or 1 single admission if age 80 or over</p> <p>C) ICU admission or CPR within the last year</p> <p>D) Implantable defibrillator</p> <p>E) Critical valvular disease not amenable to surgery/replacement</p> <p>F) Patient has decreasing functional status and increasing dependence for most activities of daily living</p> <p>G) Patients and/or families with unclear goals of care</p> <p>H) You would not be surprised if this patient were to die in the next 6-12 months</p> | <p>Advanced COPD/IPF with any of the following:</p> <p>A) Recurrent hospital admissions related to an acute exacerbation of COPD (e.g. 3 in 12 months)</p> <p>B) Requires long term oxygen therapy</p> <p>C) Grade 4/5 dyspnea on the MRC Breathlessness Scale (see below)</p> <p>D) FEV1 &lt; 40% predicted</p> <p>E) Functional performance status decline (e.g. PPS 50%)</p> <p>F) BMI &lt; 19</p> <p>G) You would not be surprised if this patient were to die in the next 6-12 months</p> <p><b>MRC Breathlessness Scale: For COPD patients</b></p> <table border="1" data-bbox="760 877 1505 1228"> <thead> <tr> <th>Grade</th> <th>Degree of breathlessness related to activities</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not troubled by breathlessness except on strenuous exercise</td> </tr> <tr> <td>2</td> <td>Short of breath when hurrying or walking up a slight hill</td> </tr> <tr> <td>3</td> <td>Walks slower than contemporaries on level ground because breathlessness, or has to stop for breath when walking at own pace</td> </tr> <tr> <td>4</td> <td>Stops for breath after walking about 100 m or after a few minutes on level ground</td> </tr> <tr> <td>5</td> <td>Too breathless to leave the house, or breathless when dressing or undressing</td> </tr> </tbody> </table> | Grade | Degree of breathlessness related to activities | 1 | Not troubled by breathlessness except on strenuous exercise | 2 | Short of breath when hurrying or walking up a slight hill | 3 | Walks slower than contemporaries on level ground because breathlessness, or has to stop for breath when walking at own pace | 4 | Stops for breath after walking about 100 m or after a few minutes on level ground | 5 | Too breathless to leave the house, or breathless when dressing or undressing |
| Grade   | Degree of breathlessness related to activities   |       |  |   |   |   |   |   |   |   |   |   |  |
| 1   | Not troubled by breathlessness except on strenuous exercise  |       |  |   |   |   |   |   |   |   |   |   |  |
| 2   | Short of breath when hurrying or walking up a slight hill  |       |  |   |   |   |   |   |   |   |   |   |  |
| 3   | Walks slower than contemporaries on level ground because breathlessness, or has to stop for breath when walking at own pace  |       |  |   |   |   |   |   |   |   |   |   |  |
| 4   | Stops for breath after walking about 100 m or after a few minutes on level ground  |       |  |   |   |   |   |   |   |   |   |   |  |
| 5   | Too breathless to leave the house, or breathless when dressing or undressing   |       |  |   |   |   |   |   |   |   |   |   |  |

| NYHA Functional Classification for HF Patients |  |
|--|--|
| 1  | <ul style="list-style-type: none"> <li>No limitations of physical activity</li> <li>Ordinary physical activity does not cause symptoms of HF</li> </ul>                                |
| 2  | <ul style="list-style-type: none"> <li>Slight limitation of physical activity</li> <li>Comfortable at rest</li> <li>Ordinary physical activity results in symptoms of HF</li> </ul>    |
| 3  | <ul style="list-style-type: none"> <li>Marked limitation of physical activity</li> <li>Comfortable at rest</li> <li>Less than ordinary activity will lead to symptoms of HF</li> </ul> |
| 4  | <ul style="list-style-type: none"> <li>HF symptoms at rest</li> <li>Inability to carry out any physical activity without symptoms of HF</li> </ul>                                     |

| <i>Palliative Performance Scale (PPSv2)<br/>version 2</i> |                   |   |                                  |                   |                              |
|---|-------------------|---|----------------------------------|-------------------|------------------------------|
| PPS Level   | Ambulation        | Activity & Evidence of Disease                          | Self-Care                        | Intake            | Conscious Level              |
| 100%  | Full              | Normal activity & work<br>No evidence of disease        | Full                             | Normal            | Full                         |
| 90%   | Full              | Normal activity & work<br>No evidence of disease        | Full                             | Normal            | Full                         |
| 80%   | Full              | Normal activity with Effort<br>Some evidence of disease | Full                             | Normal or reduced | Full                         |
| 70%   | Reduced           | Unable Normal Job/Work<br>Significant disease           | Full                             | Normal or reduced | Full                         |
| 60%   | Reduced           | Unable hobby/house Work<br>Significant disease          | Occasional assistance necessary  | Normal or reduced | Full or Confusion            |
| 50%   | Mainly Sit/Lie    | Unable to do any Work<br>Extensive disease              | Considerable assistance required | Normal or reduced | Full or Confusion            |
| 40%   | Mainly in bed     | Unable to do most activity<br>Extensive disease         | Mainly assistance                | Normal or reduced | Full or Drowsy +/- Confusion |
| 30%   | Totally bed Bound | Unable to do any activity<br>Extensive disease          | Total Care                       | Normal or reduced | Full or Drowsy +/- Confusion |
| 20%   | Totally bed Bound | Unable to do any activity<br>Extensive disease          | Total Care                       | Minimal to slips  | Full or Drowsy +/- Confusion |
| 10%   | Totally bed Bound | Unable to do any activity<br>Extensive disease          | Total Care                       | Mouth care only   | Drowsy or Coma +/- Confusion |
| 0%  | Death             | —   | —                                | —                 | —                            |