



NEW

## Provincial Integrated Palliative Care Program Client Referral Form

**Health PEI**  
One Island Health System

### Provincial Integrated Palliative Care Program Client Referral

Please FAX this form to the appropriate number below:

<input type="checkbox"/> O'Leary 902-859-8701	<input type="checkbox"/> Montague 902-838-0774
<input type="checkbox"/> Summerside 902-888-8439	<input type="checkbox"/> Souris 902-687-7048
<input type="checkbox"/> Charlottetown 902-368-4858	

If you have questions about this form, please contact your local Home Care Office.

**All sections must be completed, or the referral may be returned to sender.**

- Eligibility for the Provincial Integrated Palliative Care Program will be determined by meeting the criteria on the reverse.
- By completing this referral, health care providers must be willing to collaborate with the Palliative Care Coordinator.

Client Name	DOB	PHN
Address (including Civic Number and Postal Code)		
Telephone:	Cell:	Text <input type="checkbox"/> N <input type="checkbox"/> Email:
Contact Person	Address (if different from client)	
Relationship to Client:		
Telephone:	Cell:	Text <input type="checkbox"/> N <input type="checkbox"/> Email:
Client's Living Arrangements <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Other		
Is the contact person aware of this referral and client's palliative condition? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		
Name of person/service making Referral	Date of Referral	
Telephone:	Email	
Cell:	Text: <input type="checkbox"/> N <input type="checkbox"/>	
Primary Care Provider (if different from above)	Telephone:	Text: <input type="checkbox"/> N <input type="checkbox"/>
	Cell:	Email:
Alternate primary care provider when you are not available (include contact information):		
Has Goals of Care been discussed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Does the client have a health care directive? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
(Please attach a copy)		
Has Goals of Care form been completed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		
What is the Goals of Care Status R <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/>		
(Please attach a copy)		
Diagnosis	Reason for Referral	
<b>Medical History required:</b> Attach completed Edmonton Symptom Assessment Scale (ESAS-r), Patient Reported Functional Status (PRFS), Recent bloodwork including <b>Albumin</b> , Current History, Physical, Consults, Clinical Notes. <b>If the request is urgent, provide rationale:</b>		

### Provincial Integrated Palliative Care Program

#### Eligibility Criteria

##### Specialized palliative care at home (Please indicate all that apply)

- Diagnosis of progressive life-limiting illness
  - Disease specific indicators of significant decline (complex illnesses such as ALS)
  - And / Or PPS of 50 or lower
- Client aware of and accepting of referral (for pediatric or cognitively impaired clients, parents or guardians aware and accepting).
- Client requires coordinated care for complicated palliative care needs as evidenced by 1 or more of:
  - Palliative signs and symptoms that need management and cannot solely be managed by primary care provider
  - Repeated unplanned crisis/admissions to facility based care
  - Progressive weight loss (>10%) in past 6 months
  - Serum albumin <28g/l
  - Caregiver(s) demonstrating significant distress

Should a client not meet eligibility criteria for the Provincial Integrated Palliative Care Program, they may still meet eligibility criteria for a palliative approach to care through another Home Care Service. The Home Care Intake process will help determine the most appropriate service for each client.

Personal information on this form is collected by Health PEI under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and the Health Information Act. We will use this information for the purposes of processing your referral and providing care. For more information on the collection, use or disclosure of your information, visit [www.healthpei.ca/yourprivacy](http://www.healthpei.ca/yourprivacy) or speak with your health care provider.

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#### Edmonton Symptom Assessment System (ESAS-r)

PROVIDE TO: HYPERTENSIVE PATIENT (PAT)  
Edmonton Symptom Assessment System (ESAS-r)  
System (ESAS-r)

Please circle the number that best describes how you feel NOW.

No problem (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
Restless (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No discomfort (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No nausea (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No difficulty (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No depression (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No anxiety (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State
No tiredness (not at all)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible State

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#### Patient Reported Functional Status (PRFS) Tool

Activities & Function: Over the past month I would generally rate my activity as:

(0) normal with no limitations  
 (1) not my normal self, but able to be up and about with fairly normal activities  
 (2) not feeling up to most things, but in bed or chair less than half the day  
 (3) able to do little activity & spend most of the day in bed or chair  
 (4) pretty much bedridden, rarely out of bed

Patient's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

A new P-IPCP Client Referral form is available. Eligibility for Program is clearly marked. The Edmonton Symptom Assessment System (ESAS-r) and Patient Reported Functional Status (PRFS) are now required. These tools are used for prioritizing referral and are critical to get a fuller picture of the patient's condition. Advance Care Planning conversations must be started prior to referral being accepted.

NEW

## Provincial Palliative Pain and Symptom Assessment (ESAS-r) Policy

<b>Health PEI</b>	<b>Santé Î.-P.-É.</b>
<b>Policy and Procedures Manual</b>	
<b>PALLIATIVE PAIN AND SYMPTOM ASSESSMENT EDMONTON SYMPTOM ASSESSMENT SYSTEM – REVISED (ESAS-r)</b>	
<b>Health PEI</b>	
<b>Applies To:</b>	Health Care Providers providing palliative care to patients facing a life limiting illness, in all Health PEI care settings.
<b>Monitoring:</b>	Provincial Nursing Leadership Committee and Provincial Integrated Palliative Care Team
<b>Approving Authority:</b>	Health PEI Chief Operating Officer
<b>Date:</b>	Effective: January 2021 Next Review: March 2024
<b>POLICY &amp; PROCEDURES</b>	
<small>This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.</small>	

Recently, the new Provincial Palliative Pain and Symptom Assessment (ESAS-r) Policy was approved by Health PEI Leadership. This is a best practice in palliative care and is used across all care settings of our health system.

Education on ESAS-r is being conducted across the province. For more information about ESAS-r and other palliative care resources, visit our Health PEI Staff Resource Centre at <https://src.healthpei.ca/palliative-care>