UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Referral to UOHI Cardiac Supportive and Palliative Care Program

Reasons for referral may include:

- Symptom management
- Advance care planning/goals of care discussion
- Emotional support/coping with life-threatening illness
- Community care referral and coordination
- Caregiver support

For hospital inpatients, consider phone contact between attending physician or palliative care physician and UOHI CSPCP early in the discharge planning process. If this referral is urgent (first consult required within one week), please contact the program to confirm availability- 613-696-7000 x 14188.

Completed form should be faxed to 613-696-7138 or emailed to supportivecare@ottawaheart.ca.

Please attach most recent:

- Bloodwork
- Chest imaging
- Cardiac investigations
- Specialist consult note(s)
- Hospital notes

Patient Name: Date of birth:

Gender: Age: Health Card Number:

Address:

City: Prov.: Postal Code:

Phone number (home): Phone number (cell):

Referral Name:

Address:

City: Prov.: Postal Code:

Billing Number: CPSO:

Phone Number: Fax Number:

Date of Request:

Primary Care Provider:

Address:

City: Prov.: Postal Code:

Phone Number: Fax Number:

End Stage Cardiac Diagnosis

Please provide as much information as possible.

Date of original diagnosis:

NYHA Class:

- ☐ No symptoms nor limitations in ordinary activity
- ☐ Mild symptoms and slight limitation in activity
- ☐ Marked limitation with even normal activity
- ☐ Severely limited, symptoms at rest, mostly bedbound

LV Ejection Fraction, if known:

Please check all that apply:

- ☐ More than two CHF hospitalizations in last 12 months
- ☐ Systolic BP < 100
- ☐ Heart rate > 100
- ☐ Renal dysfunction
- ☐ Hyponatremia
- ☐ Orthopnea
- ☐ Cognitive impairment
- ☐ Fatigue
- ☐ Ascites
- ☐ Pleural effusion
- ☐ Cachexia
- ☐ Syncope

Implanted cardioverter/defibrillator: ☐ No ☐ Yes

Advanced Directives and Planning

Advanced Directives and Planning ☐ Yes ☐ No ☐ Not sure

Palliative Performance Scale

Please complete all sections to help determine appropriateness and urgency for our care.

Ambulation:

- ☐ Full
- ☐ Reduced due to strength or energy
- ☐ Mainly sit/lie
- ☐ Mainly in bed
- ☐ Totally bed bound

Activity & Evidence of Disease:

- ☐ Normal activity & work, no evidence of disease
- ☐ Normal activity & work, some evidence of disease
- ☐ Normal activity with effort, some evidence of disease
- ☐ Unable to do usual level of job or work, presence of significant disease
- ☐ Unable to do activities for pleasure/housework, presence of significant disease
- ☐ Unable to do physical tasks in chair/bed, presence of extensive disease
- ☐ Unable to read/watch TV/mental tasks except conversation, presence of extensive disease
- ☐ Unable to do any activity, presence of extensive disease

Self-Care:

- ☐ Full
- ☐ Needs assistance with ADLs once per day or less
- ☐ Needs daily assistance with some ADLs
- ☐ Assistance necessary for most ADLs
- ☐ Total care

Intake:

- ☐ Normal or reduced
- ☐ Minimal to sips
- ☐ Mouth care only

Level of Consciousness:

- ☐ Full
- ☐ Full or confusion
- ☐ Full or drowsy +/- confusion
- ☐ Drowsy or coma +/- confusion

Is this condition changing ..... ☐ Daily ☐ Weekly ☐ Monthly ☐ Stable

Reason for Referral *

Select all that apply:

- ☐ Symptom management
- ☐ Advance care planning/Goals of care discussion
- ☐ Emotional support/coping with life-threatening illness
- ☐ Community care referral and coordination
- ☐ Caregiver support
- ☐ Other

Patient/Caregiver Awareness

Is patient and/or caregiver aware that this referral is being made: ☐ Yes ☐ No

Current Location of Patient

☐ Home ☐ Hospital ☐ Retirement Home

Location of Care

Where will Palliative Care be delivered:

☐ Same as current home address ☐ Moving to different location:

Participants in Care

Does patient live alone: ☐ Yes ☐ No

Language: ☐ English ☐ French ☐ Other

Main caregiver name:

Main caregiver phone number: ☐ Same as patient ☐ Other

Relationship of main caregiver to patient: Please pick

Power of Attorney for Personal Care: ☐ Same as main caregiver ☐ Other

Other physicians involved in this patient's care: