# Northeastern Ontario

**Palliative Pain & Symptom Consultation Services**

**REFERRAL FORM**

Member of the PCCNetwork of Ontario, serving the areas of Algoma, Sudbury Manitoulin,

Parry Sound, Nipissing, Cochrane, Temiskaming and Muskoka Districts

Person Requesting Referral Telephone Number:

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_Age:

Client Location: Hospital Home Long-term Care Facility room #:

Home Address (if required): Postal Code:

Telephone: Language Preferred: English □ French □ Other:

Diagnosis:

Other relevant medical history (please attach most recent notes/consults and medication list):

Advanced Care Planning/Symptom concerns/needs:

Medications: please attach copy of medication list with referral

PPS/CFS Score

Attending Physician: Phone Number

Client / Family Agree with Referral? No YES

Reason for referral: P&S Management Education Consultation Resource material

Other:

Referred by: Agency: Date:

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| **VACANT**  **Palliative Pain and Symptom Management Consultant** Sudbury/Manitoulin Area  P:  Fax:  **ADD Attn: \_\_\_\_\_\_\_to Cover Page**  [email:](mailto:Farrah.Dorian@von.ca) | **Lisa Rowlinson RN, CHPCN (C)**  Algoma District  T: 705 942-8200 Ext: 250  TF: 800-561-6551  Fax: 705-942-8874  [lisa.rowlinson@von.ca](mailto:lisa.rowlinson@von.ca) | **Tara Moffatt MN, RN, CHPCN (c), CON (c)**  Nipissing/ Parry Sound District  T:705-845-9361  Fax: 1-705-495-0571 **ADD Attn: TARA Moffatt to Cover Page**  Email: [tara.moffatt@von.ca](mailto:tara.moffatt@von.ca) | **Céline Plante-Lamb, NP- PHC, CHPCN(C)**  Timiskaming/ Cochrane Districts  Fax: (705) 268-7444  **E: clamb@tafht.ca** |  |

Office Use Only

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| Consultant: Date: |
| Services Provided: Education □ Consultation □ Resource material □ Other □ |
| Total Consultation Hours: |

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