

## Palliative Pain and Symptom Management Consultation Services

### Request / Referral for Consult

Phone: 1-888-547-7744 or Fax: 613-544-1494

- ☐ Urgent (within 24 hours)
- ☐ Priority (within 2 – 3 working days)
- ☐ Routine (within 5 working days)

#### Patient Demographic Information

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ SDM Y N

Telephone or other contact information \_\_\_\_\_

#### Reason for Consultation

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Are patient and family aware of the request for a consultation? Y N

#### Diagnosis

#### PPS:

ESAS-R Symptoms	Scores	ESAS-R Symptoms	Scores
Pain		Shortness of Breath	
Tiredness		Depression	
Drowsiness		Anxiety	
Nausea		Wellbeing	
Appetite		Other	

Referral Source Name:

Role:

Date:

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