

**Do you have a patient who is:**

**Living with chronic lung disease?**

**Receiving home oxygen therapy?**

**Often having difficulty breathing or experiencing symptoms related to lung disease?**

**If so, MGH's Outpatient Supportive Lung Clinic can help.**

**We help eligible patients with:**

- Treatment and management of symptoms (e.g. ongoing shortness of breath, anxiety, loss of appetite)
- Advance Care Planning, which helps patients and their substitute decision makers prepare for future healthcare decisions

**We welcome referrals from all physicians.**

To refer a patient, complete the provided referral form and fax it to 647-480-6313. You can also find the referral form at [tehn.ca/PalliativeCare](http://tehn.ca/PalliativeCare).

# Outpatient Palliative Care Clinic Referral Form

825 Coxwell Ave. Toronto, ON M4C 3E7 Tel: 416-469-6580 ext. 2847 Fax: 647-480-6313

DATE: \_\_\_\_\_

## 1. Patient Demographics

Name: \_\_\_\_\_

DoB: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## 2. Referring Physician Information

Name: \_\_\_\_\_

CPSO#: \_\_\_\_\_

Billing Number: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### Reason for referral (please check all that apply):

- Symptom management
  - Pain  Shortness of breath  Nausea/vomiting  Anxiety  Loss of appetite
- Supports needed related to:
  - Nephrology  Oncology  Respiriology  Other: \_\_\_\_\_
- Advance Care Planning
- Other: \_\_\_\_\_

## 3. Code status

- Full Code
- DNR
- Have not discussed

## 4. Goals for consult

- Consult only
- Consult + primary management of palliative care needs

★★★ Please attach most recent clinical notes

### Referral Criteria

Life Expectancy <24 months + chronic disease/terminal illness

Patient resides in East York or Scarborough