

Oxford Elgin Hospice Palliative Care Outreach Team



Dr. _____ (Family Physician/Most Responsible Physician - MRP)

You or a member of your patient's health care team have identified that your patient:

Name: _____ HCN: _____

is someone who may benefit from the services of the Oxford Elgin Hospice Palliative Care Outreach Team.

The Outreach team includes care coordination, nursing/allied health, palliative physicians/nurse practitioners, personal support, spiritual care and bereavement/hospice supports.

Three options to support family physicians/MRPs for a community palliative care patient:

Select ONE

I would like to work independently along with the community nursing agency to care for the patient. (*Provide contact info for daytime and afterhours nursing calls i.e. office back line, cell phone/alternate contact etc.*)

I would like a Nurse Practitioner trained in pain/symptom management/end of life care to follow the patient with me. (*Often patient PPS 50% or <, home bound - SWLHIN Nurse Practitioners work Mon- Fri 8:30am – 4:30pm.*)

I would like a Consultation with a Palliative Care Outreach Team Physician. (*Following the consultation the Palliative Physician will be in contact with you to see how we can best work together to meet the patients goals of care.*)

Palliative Care Outreach Team physician after-hours on-call support:

Indicate if needed:

I would like after-hours on-call support from the Palliative Outreach Team physicians. (*If you choose to take calls 24/7 please provide your contact information below.*)

Please indicate if there are any specific concerns you would like addressed: **(Max 4 lines)**

You can access the 24/7 Palliative Care Outreach Team Support line for Health Professionals at 1-844-779-1833.

Kindly,

Donnabeth Sweetland
Oxford Elgin Hospice Palliative Care Outreach Team Manager/Navigator
519-421-5671

Physician Name (Printed):

Physician Signature:

Physician Billing Number:

After-hours number:

(if consultation requested)

Office back line number: