



HOSPICE NORTHWEST PALLIATIVE CARE SERVICES REFERRAL FORM

IMPORTANT--It is necessary for the client, or the client's Power of Attorney (POA), to give consent before a referral can be made to Hospice Northwest. Consent given by client Consent given by POA

Date of referral: Year Month Day

Name/Employer of referring person:

Phone number:

LOCATION:

- Thunder Bay Nipigon Marathon Longlac
- Geraldton Terrace Bay/Schreiber Manitowadge

CLIENT INFORMATION:

Name of client:

Client's date of birth: Year..... Month..... Day.....

Is client Indigenous? Yes No

Client's residence (street address, or facility unit and room number):

.....

Client phone number:

Client Diagnosis/Medical Precautions:

.....

.....

Prognosis:

Is client aware of diagnosis and prognosis? Yes No

Is client ambulatory? Yes No

Palliative Performance Scale Score (see attached):

Client history (work, hobbies, activities, etc):

.....

.....

.....

Does religion play a significant part in the client's life? Yes No

If yes, please state religion:

Is English the first language of the client? Yes No

If not, please state language of preference:

CAREGIVER INFORMATION:

Name of primary caregiver or Power of Attorney (POA):

Phone number and address of caregiver or POA:

Additional family information:

VISITING HOSPICE SERVICES INFORMATION:

Type of volunteer requested: Male Female

Best time for visit: During the day Evenings Weekends

Any important additional information :

Palliative Performance Scale (PPSv2)

How to do the PPS:

The PPS score is determined by reading horizontally at each level to find the “best fit” for the patient. Leftward columns are “stronger” determinants, thereby taking precedence over others.

1. Begin at the left column until the appropriate ambulation level is found
2. Read across to the next column until the correct activity/evidence of disease is located
3. Read across to the self-care column, intake and conscious level columns before assigning the PPS score to the patient

Making “Best Fit” Decisions:

- Only use the PPS in 10% increments (e.g., cannot score 45%)
- Sometimes one or two columns seem easily placed at one level but one or two columns seem better at higher or lower levels. In these cases, use your clinical judgment and the leftward dominance rule to determine a more accurate score the patient.

PALLIATIVE PERFORMANCE SCALE (PPSv2)

PPS Level	Ambulation	Activity Level And Evidence of Disease	Self-Care	Intake	Level of Consciousness
100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or Reduced	Full
70%	Reduced	Can't do normal job or work Significant Disease	Full	Normal or reduced	Full
60%	Reduced	Can't do hobbies or housework Significant disease	Occasional Assistance Needed	Normal or reduced	Full or Confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable Assistance Needed	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly Assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal or sips	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal or sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth Care Only	Drowsy or Coma +/- confusion
0	Death	-	-	-	--

Adopted from the Victoria Hospice Society, 2006.

www.victoriahospice.org/health-professionals/clinical-tools