

Client's Name
Date of Birth
MHSC
PHIN

Collaborative Palliative Care Planning Consultation Request

Please FAX completed form to Palliative Care 204-388-2049 Or EMAIL to cpcp@southernhealth.ca

Collaborative Palliative Care Planning (CPCP) is a weekly forum with an inter-professional approach to support an individual/caregiver(s) presenting with difficult physical/psychosocial/spiritual symptoms.

Primary Diagnosis (Required)			Date of Request		
Reason(s) for consultation:	Pain Management		Dyspnea	Hematological	Psychosocial
	Wound Care		Distress Delirium	Nutrition	Spiritual
	Spinal Cord				
	Compression		Gastrointestinal		Grief/Bereavement
		er Symptom agement	Dementia Neurological		Family/Caregiver
Registered on Palliative Care Program		Yes	☐ No	Unsure	
Individual's Location		Community	☐ Hospital	□ РСН	Other
Individual's Current Address					
City/Town/Village		Postal Code		Tel No.	
Clinical Question for Team, please include current management strategies:					
Requestor's Name				Tel No.	
Office Location of Requestor				Fax	
Primary Care Provider			Fax	Tel No.	
Applications to the Palliative Care Program require the completion of the Palliative Care Referral Form.					

Please include as applicable ESAS, PPS, Medication List, OT Report, Seniors Mental Health Report, MMSE

CPCP is consultative only and after initial recommendations, follow up of these recommendations will be the responsibility of the primary health provider requesting the consult. The individual is not required to be registered with the Palliative Care Program in order to be reviewed through CPCP.

Deadline to submit is noon on the Tuesday before Thursday CPCP Rounds

Please ensure you or another person involved in the client's care is available to present your consultation between (0900-1030) on the Thursday of the rounds. You will be notified the day prior to rounds of your presentation time slot.