

OUTPATIENT REFERRAL TEMPLATE



Form completed by [Click here to enter text.](#) Date [Click here to enter a date.](#)

PALLIATIVE MEDICINE
Bon Secours St. Mary's Hospital

Method received phone fax email other: [Click here to enter text.](#)

AMD in Epic? yes no

Patient name [Click here to enter text.](#) DOB [Click here to enter a date.](#) Sex male female

Address [Click here to enter text.](#) Tel [Click here to enter text.](#)

Caller [Click here to enter text.](#) Relationship to patient [Click here to enter text.](#)

If a patient....How'd you hear about us? [Click here to enter text.](#)

If a clinician....Who is the referring provider? [Click here to enter text.](#)

Phone [Click here to enter text.](#) Fax [Click here to enter text.](#)

Preferred clinic location SFMC SMH Home Visit * No preference

*IF HOME VISIT: Is patient currently receiving home health? yes no

Is the patient currently getting out to see other providers? yes no

Is the patient bed bound and not able to leave home? yes no

Comments: [Click here to enter text.](#)

UNDERLYING MAJOR MEDICAL DIAGNOSIS

Progressive disease Active cancer Other: [Click here to enter text.](#)

REASON FOR REFERRAL (SYMPTOMS OF CONCERN)

Care decisions including open discussion about treatment choices and AMDs

Overwhelming symptoms *associated with* progressive disease/cancer

Pain SOB Fatigue Lack of appetite Other: [Click here to enter text.](#)

Psychosocial distress *associated with* progressive disease/cancer

End stage disease with a focus on entire well-being of patient and family

LEVEL OF URGENCY

Urgent: within 48 hrs *

Next available

* IF URGENT: Will this urgent referral keep the patient from going into the ED or unplanned hospitalization? yes no

Is the patient in an acute crisis from out of control symptoms? yes no

"Whether or not our team is able to see the patient within the requested time frame, all urgent referrals will be provided a nursing follow-up call to further assist and assess how we can be of service."

ADDITIONAL COMMENTS:

[Click here to enter text.](#)

NURSE REVIEW COMPLETED BY: [Click here to enter text.](#)

Patient appropriate? yes no

Comments [Click here to enter text.](#)