

Referral Form



Understand • Communicate • Plan • Empower

Target population: The PATH outpatient clinic at the Geriatric Ambulatory Care Clinic in the Veterans' Memorial Building is open to patients and their caregivers who:

- have advanced or progressive illnesses;
- have had multiple hospital admissions or uncontrolled symptoms;
- have experienced a progressive decline in mobility, function, or cognition;
- have a dedicated caregiver/family member; and/or
- are interested in receiving more information about their anticipated future health and options for integrating a palliative approach into their existing therapies.

The PATH process involves **3 clinic visits** with the following goals:

- Visit 1:** Comprehensive assessment of physical, psychological, and social health
- Visit 2:** Exchange of expectations and information between patient, caregiver and health professional
- Visit 3:** Learning new skills to help with future health decisions

The PATH process is designed to result in improved understanding of prognosis related to health and client/caregiver empowerment to reconcile future health decisions with the patient's overall goals.

The PATH may not be for everyone. Patients or caregivers who do not wish to receive information about current and future health, or who do not wish to contemplate future health care decisions should not be referred to PATH.

Referral Information*	Patient Name:	Tel:	Referral Date:
	Street Address:	City & Province:	Postal Code:
	Health Card Number:	Exp:	DOB:
	Primary Caregiver:	Relationship:	Tel:
	Second Caregiver: (if applicable)	Relationship:	Tel:
	Primary Care Physician:	Tel:	Fax:
	Referring Physician:	Tel:	Fax:
	Chronic Health Conditions:		

Please attach any additional information you feel would be helpful to the PATH team.

FAX TO 902-473-7133

Patient Consent: The principles of the PATH clinic have been explained to me. I understand that the PATH requires up to 3 clinic visits. I agree to take part in this process.

Signature: _____ Date: _____

***Referrals received without the patient's (or caregiver's, where applicable) signature will not be accepted**