BC CANCER
Provincial Health Services Authority

Addresograph or provide patient demographics below.

PAIN & SYMPTOM MANAGEMENT / PALLIATIVE CARE Team Referral Form

☐ Referral* ☐ Re-Referral (patient previously seen by PSMPC team) Date of THIS Referral _____

*If patient NOT previously seen at BCCA, ALSO submit a BCCA *Patient Referral Form* to the admitting department of the centre you're referring to.

For URGENT Referrals please contact the PSMPC nurse or physician at the centre you're referring to.

Requested time-frame: ☐ Urgent (within 1 wk) ☐ Non-urgent (within 2-3 wks) ☐ Next Available (within 4-6 wks)

PATIENT INFORMATION

Name (Last) (First) (Initial)		☐ Male ☐ Female	DOB / / (DD / MM / YYYY)
PHN	BCCA #		
Address (Street)	(City)	(Province)	(Postal Code)
Home Phone	Cell Phone	Work Phone	
Additional Contact (family, friend, etc.)			
Name	Relationship	Phone	
Referrer	Role	Phone	Fax
Oncologist	Facility	Phone	Fax

REFERRAL INFORMATION

Diagnosis _____

REASON FOR REFERRAL

☐ Pain & Symptom Management ☐ Psychosocial or Placement

Which Symptoms _____ Which Issues _____

Is an interpreter required? ☐ Yes ☐ No If YES, which language _____

IS THE FOLLOWING IN PLACE

Advance Care Plan	☐ Yes	☐ No	Oncologist Aware of Referral	☐ Yes	☐ No
DNR/DNAR	☐ Yes	☐ No	Patient Aware of Referral	☐ Yes	☐ No
BC Palliative Benefits	☐ Yes	☐ No	Family Aware of Referral	☐ Yes	☐ No
Home Care Involved	☐ Yes	☐ No	If YES, which facility _____		

Is the patient an in-patient at BCCA? ☐ Yes ☐ No If YES, which facility, ward & room/bed # _____

Is the patient admitted to an outside hospital? ☐ Yes** ☐ No If YES, what is the discharge date _____

**Please note that patients will be booked to our service once discharged.

To avoid delays in processing this referral, please complete this form in its entirety. For external referrals or if patient not previously seen at BCCA, include ALL DOCUMENTATION to support this referral; these include consult/clinic notes, DI reports, lab reports, procedure reports, pathology reports, etc.

To best serve BC Cancer Agency patients, our service is reserved for cancer patients that reside in BC or the Yukon Territory with cancer-related pain and/or symptoms. Your referral will be given to a PSMPC nurse or physician to assess and triage. If not appropriate for our service, you will be notified of this decision. If appropriate, we will notify the patient directly of the appointment details; if you also wish to receive this information, please instruct your patient to inform you once notified.

Please choose the appropriate centre's PSMPC clinic to send this referral to:

☐ Abbotsford Centre	Phone	604-851-4710	Fax	604-851-4714
☐ Centre for the North (Prince George)	Phone	250-645-7313	Fax	250-645-7356
☐ Centre for the Southern Interior (Kelowna)	Phone	250-712-3994	Fax	250-712-3911
☐ Fraser Valley Centre (Surrey)	Phone	604-930-4055, ext 674958	Fax	604-930-4045
☐ Vancouver Centre	Phone	604-877-6000, ext 672707	Fax	604-877-6221
☐ Vancouver Island Centre (Victoria)	Phone	250-519-5503	Fax	250-519-5402

WITH YOUR FAX, PLEASE INCLUDE A COVER PAGE WITH NUMBER OF PAGES BEING SENT & A CONFIDENTIALITY WARNING