

London Home Palliative Care (LHPC) Team Referral Form

Kirk Hamilton MD, CCFP (PC), FCFP
Lead Physician LHPC Team
510 Southdale Rd E. Unit 201
London, Ontario N6E 0B2
Phone: 519-472-2920
Fax: 1-877-423-9739

Patient Information <i>(or affix patient sticker):</i>
Name: _____
Address: _____
DOB: _____
Phone: _____
Health card number: _____

The LHPC team of physicians provide 24/7 home-based care for patients at end-of-life. We are part of the PCOT team, however, welcome your referrals directly to our office. The team will assume all patient responsibilities including arranging appropriate LHIN services.

Patient Referral Criteria include:

- Life-limiting illness: advanced cancer or end-stage chronic disease.
- Requires home visits. (mobility and or symptoms limit their ability to attend outpatient clinics)
- Prognosis less than 12 months.
- Lives in London.
- 'DNR' code status or a palliative treatment plan for their illness.

Please see patient: Within 3 days Within 2 weeks

The LHPC team will assume MRP status for the patient's home palliative care, however, the patient will remain as their family doctor's patient and stay on their patient roster. OHIP billings done by the LHPC team will not be negated from the family physician's billings. The patient's family physician can still perform supportive palliative care home visits at their convenience and these visits would count towards their palliative care bonus premiums. If this referral is coming from a specialist or from a physician other than the patient's family doctor, the LHPC team will contact the family physician and inform them of this referral.

Diagnosis and Comments:

Referring Physician: _____ **Signature:** _____

OHIP Billing Number: _____

Phone Number: _____ **Fax Number:** _____

**** Please fax to 1-877-423-9739 ****