nova scotia health authority

PATH (Palliative and Therapeutic Harmonization) REFERRAL FORM

Target population: The PATH process aims to improve the patient/family understanding of health status, and empowers the decision maker to consider the impact of frailty when making health decisions.
Check all that apply. The patient (family) has:

- ❑ advanced or progressive illness
- ❑ multiple hospital admissions
- ❑ uncontrolled symptoms
- ❑ identified a need for guided medical/surgical decision making
- ❑ interest in receiving more information about their anticipated future health and options for integrating a palliative approach into existing therapies

All patients must be accompanied to clinic by a family member/caregiver.

DEMOGRAPHICS	**Patient Name:**	
	Health Card Number:	DOB (YYYY-MM-DD):
	Primary family member/contact person:	
	Relationship:	Tel:
	Referring Physician:	
	❑ Primary Care ❑ Pre-op ❑ Medical ❑ Surgery	Page/Contact number:
HEALTH INFORMATION	Main health issue prompting referral:	
	Specific intervention being proposed (if applicable)	
	Scheduled date for the intervention (if applicable)	
	Current and past health conditions, including dementia (if previously diagnosed)	
	❑ FACT form attached	Please attach any information that would be helpful

Patient/or caregiver consent: The principles of the PATH clinic have been explained to me. More information is available to me at PATHclinic.ca. I agree to participate.

Signature: _____Date (YYYY-MM-DD): _____

Referrals without patient (or caregiver where applicable) signature will not be accepted