



Phone: 807-626-7873 • Fax: 807-622-3548

Central Intake Form

Full Name:		
Address:		
Phone Number:	Date of Birth (YYYY/MM/DD):	
Health Card #:	Gender:	
SDM/POA Name:	Phone Number:	
Physician/NP:	Phone Number:	Fax:
Referrer:	Phone Number:	Fax:

Would you like routine updates? Yes No If yes, how often? Every assessment As needed

Reason for referral: (select all that apply)

<input type="checkbox"/> Pain/Symptom Management	<input type="checkbox"/> Declining Functional Status	<input type="checkbox"/> Case Management
<input type="checkbox"/> Care Planning/Goals of Care	<input type="checkbox"/> Counselling (for client)	<input type="checkbox"/> Grief & Bereavement (caregiver)

Notes/Reason for Referral:

Primary diagnosis:

Comorbidities:

Medications:

Has the client or their POA/SDM agreed to be contacted? Yes No

Who should be contacted about client's care? Client Decision Maker

Does the client require translation or accommodative services? Yes No

Does the client self-identify as Indigenous? Yes No Unknown

Does the client have a DNRC form? Yes No Unknown

If no, do they wish to have a DNRC form? Yes No Unknown

Prognosis: Days Weeks Months Years

Is the client aware of their diagnosis and prognosis? Yes No Unknown

Palliative Performance Score (if known):

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

This condition is changing: Daily Weekly Monthly Stable

What current services are in place? (select all that may apply, if known)

<input type="checkbox"/> Home & Community Care	<input type="checkbox"/> Palliative Physician	<input type="checkbox"/> Cancer Centre
<input type="checkbox"/> Psychotherapy/Counselling	<input type="checkbox"/> Hospice Northwest	<input type="checkbox"/> Outreach
<input type="checkbox"/> Hospice Backup	<input type="checkbox"/> Other: _____	

Are there specific services you are requesting through Palliative Carelink? (select all that apply)

<input type="checkbox"/> Home & Community Care	<input type="checkbox"/> Palliative Physician	<input type="checkbox"/> Hospice Registration
<input type="checkbox"/> Psychotherapy/Counselling	<input type="checkbox"/> Hospice Northwest	<input type="checkbox"/> Outreach (vulnerably housed)
<input type="checkbox"/> Other: _____		

The nurse navigator will also identify services on intake that the client may benefit from

Note: If you believe this client is nearing end of life/requires case management support within 72 hours, please call 807-345-7339 to reach Home and Community Care Support Services.