nova scotia health authority

PATH (Palliative and Therapeutic Harmonization)
REFERRAL FORM
Fax: 902 473 7133

Target Population: The PATH Clinic aims to improve the patients & families understanding of their health status, and feel empowered to make health decisions that consider the impact of frailty.

The patient must have:

- ❑ several advanced or progressive illnesses; frailty
- ❑ a dedicated caregiver/family member who is available to attend the clinic appointment
- ❑ a need for guided decision making regarding proposed or offered medical or surgical investigations or treatments
- ❑ provided consent to participate

Date:

Is the patient currently residing in the community? (ie: not admitted to hospital)		**Yes** ☐	**No** ☐ For inpatient consults place an order in the CIS.
DEMOGRAPHICS	Patient Name:	Tel:	Health Card Number:
	Support person/SDM:	Tel:	Relationship:
	Referring Physician: ❑Primary Care ❑Medical ❑Surgery ❑Cancer Care		Page/Contact:
HEALTH INFORMATION	Specific intervention being proposed including surgical risks (if applicable):		
	Scheduled date or the intervention (if applicable):		
	Current and past health conditions, including dementia		
	❑Additional information attached		