



**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

Is the patient currently residing in the community? (ie: not admitted to hospital)		Yes	No <input type="checkbox"/> If no, please fax an inpatient referral to 902 425 5797
<b>DEMOGRAPHICS</b>	Patient Name:	Tel:	Health Card Number:
	Support person/SDM:	Tel:	Relationship:
	Referring Physician: <input type="checkbox"/> Primary Care <input type="checkbox"/> Medical <input type="checkbox"/> Surgery <input type="checkbox"/> Cancer Care		Page/Contact:
<b>HEALTH INFORMATION</b>	Specific intervention being proposed including surgical risks (if applicable):		
	Scheduled date or the intervention (if applicable):		
	Current and past health conditions, including dementia		
	<input type="checkbox"/> Additional information attached		

