



# Referral to Early Resource Nurse

We'll help you understand your late-stage disease.

## Patient Information: *may apply addressograph*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Health Card #: \_\_\_\_\_

## Family Member Information: *optional* ☐ Substitute Decision Maker

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Reason for Referral: ☐ Discussion on Health Care Options ☐ End-of-Life Planning  
☐ ARCH Intake Assessment ☐ Advance Care Planning

Diagnosis: \_\_\_\_\_ Date of Disease Onset: \_\_\_\_\_ PPS: \_\_\_\_\_

(Please see chart below for PPS – Credit – Victoria Hospice Society)

PPS	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity and work, no evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work, some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort, some evidence of disease	Full	Normal/reduced	Full
70%	Reduced	Unable to work, normal job, significant evidence of disease	Full	Normal/reduced	Full
60%	Reduced	Unable hobbies/housework, significant evidence of disease	Occasional assistance	Normal/reduced	Full or confusion
50%	Mainly sit/lie	Unable to do any work, extensive evidence of disease	Considerable assistance	Normal/reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity, extensive evidence of disease	Mainly assistance	Normal/reduced	Full/drowsy +/- confusion
30%	Bed bound	Unable to do any activity, extensive evidence of disease	Total care	Normal/reduced	Full/drowsy +/- confusion
20%	Bed bound	Unable to do any activity, extensive evidence of disease	Total care	Minimal to sips	Full/drowsy +/- confusion
10%	Bed bound	Unable to do any activity, extensive evidence of disease	Total care	Mouth care only	Drowsy/coma +/- confusion
0%	Death	-	-	-	-

ARCH Connect accepts self-referrals as well as referrals by any regulated health professional. An Early Resource Nurse will contact the patient to review a personalized palliative care plan. By completing this referral you certify that you have explained the purpose of this referral to the patient and/or the POA and that they wish to be contacted by an ARCH Connect Early Resource Nurse.

Referral sent by: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is privileged and confidential and must not be shared other than its intended use. It must be stored in a secure fashion and destroyed in accordance with professional and privacy standards.*

*"Because of your late-stage disease, I am referring you to ARCH Connect Early Resource Nurses to help guide you through this difficult time. You are not alone and they can provide support"*

*"You are living with a late-stage disease. This is a difficult and perhaps frightening time, but you should know you are not alone. There is a support system that cares for you: compassionate, experienced people who can help you understand your care options. The ARCH Connect Early Resource Nurses will contact you shortly to meet with you."*