Figure 1- PCCT: IN Patient – Data Collection Form

Date of Admit: ____/____/______
Date of Referral: ____/____/______
Date of Consult: ____/____/______

Triage Urgency: □ Emergent (within hours) □ Urgent (same day) □ Non-Urgent (next day)
(as indicated by APN or referring clinician)

Patient Preference for Translation: ________________________

Community physician providing PC: □ Yes □ No □ Unknown
If yes, name: ____________________ Affiliation: □ Family Doctor □ TLCPC □ Other: ______________________

Reason for Referral: □ Pain □ Decision Making □ Discharge Planning □ End of Life Care □ Psychosocial/Family Support □ Symptom Management

Referred From:
□ Acute Pain Service □ K1E
□ B4ICU □ Long Term Care
□ BS1CU □ Med Onc
□ Cardiac Surgery □ Nephrology
□ Cardiology □ Neurosurgery
□ CCU □ OP PCCT
□ CRCU □ Orthopedics
□ CVICU □ Psychiatry
□ D4ICU □ Rad Onc
□ Emerg □ Rapid Response
□ ENT □ Respirology
□ General Surgery □ Rheumatology
□ Geriatric Medicine □ Surg Onc
□ GI □ TLCPC
□ GIM □ Urology
□ Gyne Onc □ Vascular Surgery
□ Haem Onc

Referred from:
If Oncology (choose one): □ RN □ Hospitalist/GPO ____________________ □ Attending/Fellow/Resident ____________________
If Non Oncology: □ Name of Attending: ______________________

Primary PCCT Consultant(s): ____________________Secondary PCCT Consultant(s): ____________________ Trainee □

Previous Advanced Directive Discussion
□ Yes □ No
If Yes, Status:
□ Living Will □ Curative
□ Code Status □ Palliative
□ DNR □ Unknown
□ Full Code □ No active disease

Anticipated Prognosis
□ Hrs □ 3-6 months
□ Days (< 1 wk) □ 6-12 months
□ Wks (1-4 wks) □ > 12 months
□ 1-3 months

Intent of Care
□ Curative □ Unknown
□ Palliative □ No active disease
□ Supportive □ Active disease
□ Symptom Management □ Active disease
□ No active disease □ Full Code
□ Terminal □ Hospice
□ Not Applicable □ Supportive
Underlying illness: _____________________________ (for primary referring diagnosis)

☐ Malignant
Primary Cancer Site: ____________________________
Date of Initial Cancer Diagnosis: ______/______
 mm yyyy

☐ Non-malignant
Diagnosis: _________________________________
Date of Diagnosis: ______/______ OR ☐ Years

Date of First Diagnosis of Metastases (date of radiology report): ______/______
 mm yyyy

Sites of Metastases (current sites):
☐ Bone ☐ Soft Tissue (incl. nodes)
☐ Lungs ☐ Liver
☐ Peritoneum ☐ Locally Advanced
☐ Brain ☐ Pleura
☐ Locally Advanced ☐ Leptomeninges
☐ Other:__________

Other Malignancy Related Complications (if yes, circle past/present)
☐ MBO (Current/Past)
☐ Spinal Cord Compression (Current/Past)
☐ Hypercalcemia (Current/Past)
☐ Biliary Obstruction (Current/Past)
☐ Ureteric Obstruction (Current/Past)
☐ SVC Syndrome (Current/Past)
☐ Other____________________(Current/Past)

Does the patient have?
☐ Biliary Stent/Drain
☐ Feeding G-tube
☐ GI Stent (location:_______________________)
☐ PICC Line/Central Line
☐ Pigtail Catheter
☐ Tracheostomy
☐ Ongoing need for O2
☐ Ureteric Stent/Nephrostomy
☐ Venting G-tube
☐ Colostomy/Ileostomy
☐ Other:________________________

Chemotherapy:
☐ YES ☐ <3 months ☐ 3-6 months ☐ >6 months ago ☐ NO
☐ Surgery:
☐ YES ☐ <3 months ☐ 3-6 months ☐ >6 months ago ☐ NO
☐ Radiation Treatment:
☐ YES ☐ <3 months ☐ 3-6 months ☐ >6 months ago ☐ NO

Disposition:
☐ Home ☐ Transferred to K1E
☐ Home with home care referral ☐ Transferred to Other PCU
☐ Home with PC referral ☐ Transferred to Hospice
☐ Signed off ☐ Died in hospital

Disposition Date: ______________________________