In order to identify individuals that require palliative care services, a prescriber must confirm the palliative care status of the person.

The above individual is:

1. Living with a life limiting progressive illness with a life expectancy of less than 6 months.
2. The individual/designated decision maker is aware and has agreed to accept palliative care.

Are you the attending prescriber who will provide palliative care up to and including death? Yes No

If no, please identify the most responsible prescriber for this individual's case (print clearly):

Prescriber's signature: ______________________ Date: __________________

I have initiated these services. (Checking these boxes does not initiate services; it is for registry information only.)

☐ BC Palliative Care Benefits form has been completed and submitted
☐ "No CPR" form has been completed
☐ Hospice palliative volunteer services requested by patient/family
☐ Home nursing care referral has been initiated using HCC Referral Form

If you are requiring a formal palliative care consultation please fill out the consultation request form and fax it to the number above.