



**Saskatchewan Cancer Agency  
Symptom Management & Palliative  
Outpatient Clinic (SMPCOC)**

*Label*

	Fax
<input type="checkbox"/> Allan Blair Cancer Centre	306-766-2322

*Please print and reply to all questions. It is not necessary to phone.*

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  Male  Female  
Last Name First Name Initial

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday (M/D/Y): \_\_\_\_\_ PHN: \_\_\_\_\_

Next of Kin/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Family Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

➤ Diagnosis \_\_\_\_\_

➤ Is the patient/family aware of the referral? \_\_\_\_\_ The referral was made by whom? \_\_\_\_\_

➤ Does the patient require an interpreter?  No  Yes, language: \_\_\_\_\_

➤ Does the patient have an infectious disease (e.g., MRSA, VRE, TB, etc.) that we need to take precautions to ensure our staff and other patients are protected?  No  Yes, disease: \_\_\_\_\_

➤ Has the patient been seen by palliative care before?  No  Yes

➤ Is the patient followed by palliative home care?  No  Yes

➤ Does the patient have palliative care drug coverage?  No  Yes

Patient Code Status:  Full Code  No CPR

Advanced Care Plan

Medical Proxy

**Type of Service Requested:**

- Pain
- Nausea/vomiting
- Constipation
- Appetite
- Dyspnea
- End of life care
- Other \_\_\_\_\_

Current Management of Symptoms: