



For efficiency in the consultation process, please complete this workup prior to connecting with us.

Patient/Resident Information:

Initials:	Age:	LTCH:
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Allergies:

Most responsible prescriber (MD/RN-EC):

S – Situation [SBAR Tool](#)

Would you be surprised if this patient/resident were to die in the next 12 months? Yes No

[Early Identification Guide](#)

Brief description of present issue:

B – Background

Life limiting condition(s):

[PPS:](#)

Relevant medical history:

A – Assessment [Pain Assessment Tools](#)

Presenting Symptom	
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Onset (When did it begin? How long does it last? How often does it occur?)	
Palliating/Provoking/Precipitating (What brings it on? Makes it better? Worse?)	
Quality (What does it feel like?)	
Region/Radiating (Where is it? Does it spread anywhere?)	
Severity (What tool is being used? Numeric? PAINAD? Average, worst, best scores?)	
Treatment (Current medications/treatments)	
Understanding (What do you believe is causing this symptom?)	
Values (Comfort goal? What is important to patient/family?)	

R – Recommendation [EOL Symptom Management Guideline](#)

Recommendations emerge through an active dialogue between the HPC consultant and health care team members.

Team member to connect with:

Best method to connect (phone/email):

Additional Notes