

Evaluation of automated supportive and palliative care referral for advanced lung cancer patients- a quality improvement project

Post- Palliative Care Consult Visit (RECORD #2)

Patient name:

DOB:

PC consult data:

1. Did patient attend the PC consult?
 - a. If yes, date:
 - b. If no, why not? (Patient died, Patient hospitalized, Patient refused, Other)
2. Any comments, concerns, compliments about the phone call that came up during the consult?

