



HammondCare

SPECIALIST PALLIATIVE & SUPPORTIVE CARE SERVICE REFERRAL FORM NORTH

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOB	M.O	
ADDRESS		
LOCATION/ WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Referral to : PALLIATIVE CARE INPATIENT UNIT COMMUNITY PALLIATIVE CARE SERVICE
 ATTENTION: Dr Bridget Johnson (Greenwich) Dr Sarah Thompson (Neringah)
 Dr Phil Macaulay (Northern Beaches)

Referrer's Name : _____
 Referrer's contact no: _____
 Referral's Facility: _____
 On behalf of Dr: _____
 Dr's Provider no: _____
 GP name (if not referring doctor): _____
 Practice name: _____
 GP Phone no: _____
 Is GP aware of referral? Yes No

Patient location: _____
 Consent to referral? Patient Family
 Person responsible: _____
 Relationship: _____ Phone no: _____
 Name of palliative care consultant: _____
 Medicare no: _____
 Health fund name: _____ No: _____
 Language: _____ Lives alone? Yes No
 Interpreter needed? Yes No

Reason for referral (select one or more if applicable):
 Symptom control Terminal care Psychosocial support Supportive care

Diagnosis and treatment (previous & current):

Medical history:

NSW Health Resuscitation Plan completed? (Please attach to this form) Yes No

Relevant additional documents not available on eMR attached Yes No N/A

Infection status and location:

Special instructions (tracheostomy, wound care, CVADs, PEG, modified diet needs):

Falls risk / behavioural concerns:

Functional status: Independent Partial assist Full assist

Skin integrity: _____ Waterlow score: _____

Patient and family concerns: _____
 Understanding of disease: _____
 Goals of care: _____
 Spiritual / cultural needs: _____

Referring doctor's signature:

Date:

PLEASE FAX COMPLETED REFERRAL TO:

Greenwich Hospital Inpatient Unit Ph: 9903 8227 Fax: 9903 8100
 Neringah Hospital Inpatient Unit Ph: 9488 2200 Fax: 9487 1599
 Palliative Care Community North : Ph: 1800 427 255 Fax: 9903 8265
(For urgent referrals please phone the relevant number above)