



**Specialist Palliative and Supportive Care
referral form**

PATIENT NAME		
ADDRESS:		
TEL NO:		
DOB	SEX	MRN

Referral to : **PALLIATIVE CARE INPATIENT UNIT** **COMMUNITY PALLIATIVE CARE SERVICE**
ATTENTION: **Dr Melanie Lovell (Greenwich)** **Dr Sarah Thompson (Neringah)**
 Dr Geraldine Lake (Northern Beaches)

Date: _____	Patient location: _____
Referred by: _____	Consent to referral? <input type="checkbox"/> patient <input type="checkbox"/> family
Referrer's phone no.: _____	Person responsible: _____
On behalf of Dr _____	Relationship: _____ Phone no.: _____
Hospital: _____	Name of palliative care consultant: _____
GP aware of referral? <input type="checkbox"/> yes <input type="checkbox"/> no	

GP: _____	Medicare no.: _____
Practice name: _____	Health fund name: _____ No.: _____
Phone no: _____	Language: _____ Lives alone? <input type="checkbox"/> yes <input type="checkbox"/> no
	Interpreter needed? <input type="checkbox"/> yes <input type="checkbox"/> no

Reason for referral (can select more than one):
 symptom control terminal care psychosocial support supportive care

Diagnosis and treatment:	Medical history:
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Please attach relevant documents not available on eMR (eg. scanned results, consult sheets, correspondence)

NSW Health Resuscitation Plan completed? yes (Please attach) no

Infection status and location:

Special instructions (tracheostomy, wound care, CVADs, PEG, modified diet needs):	Falls risk / behavioural concerns:
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Functional status: independent partial assist full assist Aids: _____

Skin integrity: _____ Waterlow score: _____

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

Referring GP/specialist signature: Provider no.: Date:	PLEASE FAX COMPLETED REFERRAL TO:			
	Greenwich Hospital	Inpatient Unit	F: 9903 8100	Ph: 9903 8227
		Community	F: 9903 8265	Ph: 8437 7330
	Neringah Hospital	Inpatient Unit	F: 9487 1599	Ph: 9488 2200
	Community	F: 9488 2247	Ph: 9488 2290	
	Northern Beaches	Community	F: 9979 7221	Ph: 9998 3600
<i>(For urgent referrals please phone the relevant number above)</i>				