

- All out of District referrals should be directed to Dr Ghauri Aggarwal via Concord Hospital switchboard (9767 5000)
- Before placing patient on the wait list you **must ensure** that the patient has been accepted by a Palliative Care Staff Specialist. This requires you as the referrer to speak directly with the Palliative Care Staff Specialist via the following:
 - For all **new and after hours** referrals, contact the Staff Specialist on call via Concord Hospital switchboard (9767 5000);
 - For **patients known** to the Palliative Care service, contact the known treating Staff Specialist (0800hrs-1630hrs).



Concord Centre for Palliative Care Palliative Care Request for Admission to CCPC

Date of Referral	MRN
Surname	First Name
Address	DOB

DIAGNOSIS		Relevant Medical Hx	
Infectious requirement	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please specify:	

Reason for Referral (select one or more)	Symptom control <input type="checkbox"/> End of Life Care <input type="checkbox"/> Respite (2 weeks maximum) <input type="checkbox"/>	Patient and/or family have insight into (please check): Illness <input type="checkbox"/> ; Prognosis <input type="checkbox"/> ; Goals of care <input type="checkbox"/> .
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Other Information	
Is patient appropriate for NFR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this been discussed with the patient and/or family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the discharge destination known?(For Yes, please check): Home <input type="checkbox"/> ; RACF <input type="checkbox"/> ; EoL Care <input type="checkbox"/>	No <input type="checkbox"/>
Is this patient already known to the Palliative Care Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide details of the team:	
Palliative Care Nurse	
Palliative Care Staff Specialist	
Has a Palliative Care Staff Specialist accepted this referral?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Resource Utilisation Groups- Activities of Daily Living (RUG-ADL) Score	

Referrer Details	
Name	Contact No

Please fax completed referral to: 9767 8231
Please phone handover to: 9767 8230

Office use only	Date received:
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