

- * For Sydney District Nursing support, please contact Access Care Team (ACT) on 1300 722 276
- * For Specialist Palliative Care Medical Consultation, fax this form completed to:
9767 8064 for Concord 9515 7464 for RPA

Referral for Specialist Palliative Care Medical Consultation

Surname Address Contact No. Next of Kin	First Name DOB Medicare/DVA No. MRN Next of Kin Contact No
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DIAGNOSIS Known metastases (if cancer Dx)

Referral Type	Clinic (outpatient) <input type="checkbox"/>	Home Visit (non-ambulatory patient) <input type="checkbox"/>
Priority	If this request is urgent, you must contact the respective Palliative Care Consultant	

Reason for Referral (select one or more)	<ul style="list-style-type: none"> • Complex pain/symptom control <input type="checkbox"/> • End of Life in the home <input type="checkbox"/> • Advance care planning <input type="checkbox"/> 	<ul style="list-style-type: none"> • Other
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Has an Advance Care Plan been discussed with the patient and their family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has an ACP been documented?	Yes <input type="checkbox"/> (If yes, please attach)	No <input type="checkbox"/>
Are the patient and family aiming for terminal care at home?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

Current Medications	Treatment received (if cancer Dx, surgery, chemotherapy, radiotherapy)
Allergies	Further planned treatments
	ESTIMATED PROGNOSIS Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/>
	Current problems and other relevant information

Other Information					
Has this referral been discussed with the patient / carer / family?					
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Palliative Care Specialist involved		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up planned	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					
Sydney District Nurse involved		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up planned	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					
Other Specialists involved		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up planned	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					

Referring Doctor			Address		
Specialist <input type="checkbox"/>	GP <input type="checkbox"/>	Provider No.	Phone		
Referral Period		Signed		Referral Date	
3 months <input type="checkbox"/>	12 months <input type="checkbox"/>	Indefinite <input type="checkbox"/>	(must be signed by referring doctor)		

Guidelines for requesting referral for Specialist Palliative Care Medical Consultation

Patients who are ambulant, attending ambulatory care clinics for chemotherapy or other specialist appointments and who may require a palliative care medical consultation should be referred for an outpatient clinic visit at their respective hospital.

- For Concord Palliative Care Clinics, contact 9767 6799
- For RPA Palliative Care Clinics, contact 9515 8782

Housebound patients may be considered for a home visit.

Referral can be made based on one or more of the following criteria:

1. Patient needs review of complex symptoms (physical, psycho-social or emotional).
2. Assistance with complex decision-making or advanced care planning is required.
3. Patient has stated a preference to die at home and there are complex issues to manage.

If this referral is urgent, you must contact the respective Palliative Care Consultant directly to discuss the case.

While every effort is made to support patients in the home, the SLHD Palliative Care Service does not have the resources to conduct regular medical home visits and as stipulated above, Palliative Care Consultants and/or Registrars will conduct home visits as required.

This expectation should be communicated to patients, their carers and family to avoid any misunderstanding.