

# Palliative care referral form



An assessment by the palliative care team will aim to develop a management plan involving services that are appropriate to the patient's circumstance. **Incomplete forms or absence of additional documentation will delay the process.**

**If the matter is URGENT, please telephone your local palliative care service.**

## Criteria for eligibility and a guide for referral to a palliative care service

If patient does not meet the three criteria below, please discuss your case with your local palliative care service.

Patient has a progressive, life limiting illness

Patient or their decision maker is aware of, understands and has agreed to a palliative care referral

Primary goals of patient care are to control symptoms, maximise function, maintain quality of life and provide comfort

## Patient information

Name	DOB
Address	Sex      Female      Male
Suburb      Postcode	Medicare no.
Phone	Hospital/UR number (if relevant)
Lives alone	Patient's current location
Interpreter required/Language	Planned discharge date (if relevant)
Indigenous status	Aboriginal      Torres Strait Islander      Both      Unknown      Neither

## Essential contact - Substitute Decision Maker/Person Responsible (cross out which one does not apply) <sup>1</sup>

Name	Phone
Address	Relationship
Suburb      Postcode	To be present at assessment

## Primary contact - (leave blank if this is the Substitute Decision Maker or Person Responsible)

Name	Phone
Address	Relationship
Suburb      Postcode	To be present at assessment

## Life limiting illness

Primary diagnosis	Comorbidities
Date of diagnosis	

## Reasons for referral - (please tick boxes to indicate your main reasons for referral)

The patient requires a palliative care assessment and provision of service information

Symptoms and/or concerns that exceed the capacity, resources, knowledge or skills of the primary care provider

Nausea      Gastrointestinal      Psychosocial      Counselling      Spiritual      Functional

Pain      Neurological      Dyspnoea      Services/support      Other\_\_\_\_\_

Difficulty maintaining care at place of residence

Terminal care (patient is in the last few weeks of life)

Other \_\_\_\_\_

<sup>1</sup> Substitute Decision Maker - appointed under an Advance Care Directive and includes medical agent/enduring guardian.

Person Responsible - usually a close family member or friend.

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## Additional information and documentation (including safety alerts)

Please ensure relevant detailed medical letters and results accompany this form.

Indicate attachments accompanying referral:

Medical correspondence      Pathology results      Current medication list      Radiology results  
Advance Care Directive      Advance Care Plan      Resuscitation Plan - 7 Step Pathway

Alerts \_\_\_\_\_

Patient is receiving cytotoxic therapy

## Referrer and/or GP details

Date of referral	GP same as referrer	Referrers preferred response Consultation Shared care Other _____ _____
Referrer name	GP name	
Referrer phone	GP phone	
Referrer address	GP address	
Referrer signature	Provider no.	

GP participates in the GP Palliative Shared Care Program      Yes      No

## Refer to

### Metropolitan Services

#### Northern Adelaide Palliative Care

Phone: 8161 2499  
Fax: 8161 2169

#### Central Adelaide Palliative Care

Phone: 8222 6825  
Fax: 8222 6055

#### Southern Adelaide Palliative Care

Phone: 8404 2058  
Fax: 8404 2119

### Statewide Services

#### Paediatric Palliative Care

Phone: 8161 7994  
Fax: 8161 6631

## Country Services

For metropolitan referrals to country, please direct to the **Country Referral Unit**.

For local referrals within country, please direct to the Country Referral Unit (preferred) or the relevant specialist palliative care service.

#### Country Referral Unit

Phone: 1800 003 307  
Fax: 1800 771 211

#### Lower North Palliative Care (Clare)

Phone: 8842 6559 / 8842 6500  
Fax: 8842 6590

#### Riverland Palliative Care (Barmera)

Phone: 8588 0435  
Fax: 8588 0499

#### Adelaide Hills Palliative Care (Mt Barker)

Phone: 8393 1833  
Fax: 8393 1750

#### Murray Mallee Palliative Care (Murray Bridge)

Phone: 8535 6800  
Fax: 8535 6808

#### South Coast Palliative Care (Victor Harbor)

Phone: 8552 0649  
Fax: 8551 0424

#### Inner North Palliative Care (Barossa/Gawler)

Phone: 8521 2128 / 8521 2080  
Fax: 8521 2001

#### Naracoorte Palliative Care

Phone: 8762 8160  
Fax: 8762 8164

#### South East Palliative Care (Mt Gambier)

Phone: 8721 1460  
Fax: 8721 1461

#### Ceduna Palliative Care

Phone: 8626 2119  
Fax: 8626 2190

#### Port Augusta Palliative Care

Phone: 1300 760 177  
Direct phone (urgent): 8668 7706  
Fax: 8668 7801

#### Whyalla Hospital Palliative Care

Phone: 8648 8393  
Fax: 8648 8479

#### Kangaroo Island Palliative Care

Phone: 8553 4231  
Fax: 8553 4227

#### Port Lincoln Palliative Care

Mob: 0427 006 983  
Fax: 8682 5831

#### Yorke Peninsula Palliative Care (Wallaroo)

Phone: 8823 0289 / 8823 0270  
Fax: 8823 2902

#### Port Pirie Palliative Care

Phone: 8638 1100  
Fax: 8115 5734

## Instructions:

Once you have filled out the form, print and fax (do not email) to the relevant palliative care service with additional information attached.

Information contained in this referral form may be private and also may be the subject of legal professional privilege or public interest. If you are not the intended recipient, any use, disclosure or copying of this document is unauthorised under the *Health Care Act 2008* and may attract a fine of up to \$10,000. If you have received this document in error, please inform the appropriate Palliative Care Service.

