

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) ¹

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 _____

¹ 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

Adelaide Hills Palliative Care (Mt Barker)
Phone: 8393 1833
Please direct to the **Country Referral Unit**
Fax: 1800 771 211

Inner North Palliative Care (Barossa/Gawler)
Phone: 8521 2080
Please direct to the **Country Referral Unit**
Fax: 1800 771 211

Ceduna Palliative Care
Phone: 8626 2119
Fax: 8626 2190

Kangaroo Island Palliative Care
Phone: 8553 4231
Fax: 8553 4227

Lower North Palliative Care (Clare)
Phone: 8842 6559 / 8842 6500
Fax: 8842 6590

Murray Mallee Palliative Care (Murray Bridge)
Phone: 8535 6800
Fax: 8535 6808

Naracoorte Palliative Care
Phone: 8762 8160
Fax: 8762 8164

Port Augusta Palliative Care
Phone: 1300 760 177
Direct phone (urgent): 8668 7706
Fax: 8668 7801

Port Lincoln Palliative Care
Mob: 0427 006 983
Fax: 8682 5831

Port Pirie Palliative Care
Phone: 8638 1100
Fax: 8115 5734

Riverland Palliative Care (Barmera)
Phone: 8588 0435
Fax: 8588 0499

South Coast Palliative Care (Victor Harbor)
Phone: 0413 835 509
Please direct to the **Country Referral Unit**
Fax: 1800 771 211

South East Palliative Care (Mt Gambier)
Phone: 8721 1460
Fax: 8721 1461

Whyalla Hospital Palliative Care
Phone: 8648 8393
Fax: 8648 8479

Yorke Peninsula Palliative Care (Wallaroo)
Phone: 8823 0289 / 8823 0270
Fax: 8823 2902

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.