Palliative care referral form

Government of South Australia
SA Health

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 Responsibile - 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
Referrer name	GP name	Consultation
Referrer phone	GP phone	Shared care
Referrer address	GP address	Other ____________
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: 8668 7754
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: 0408 805 966
Email: HealthCHSARCHSReferrals@sa.gov.au
Fax: 08 8580 2550

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 8327
Email: HealthCHSAWhyallaPalliativeCare@sa.gov.au
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.

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