

Palliative Community Supportive Care Services Referral Form

Clinic referred to: Palliative Community Supportive Care Services Referral Form		Dear Dr.....	
		Date of Referral:	
Referrer Details			
Name		Designation	
Organisation		Provider number	
Contact phone		Contact Fax/Email	
Patient Details			
Surname:	Given name:	Gender:	DOB:
Address:			MRN:
Home Ph:	Mobile:	Email:	
Medicare No:			
Country of Birth:	Preferred Language:	Interpreter? Y <input type="checkbox"/> N <input type="checkbox"/>	
Next of Kin/Carer			
Who to contact regarding this referral? Patient <input type="checkbox"/> Other <input type="checkbox"/> Contact details:			
Is the patient aware of the referral? Y <input type="checkbox"/> N <input type="checkbox"/>		Is the carer aware of the referral? Y <input type="checkbox"/> N <input type="checkbox"/>	
Service Providers			
GP Name:		GP Phone:	
Specialists: Specialist Phone:			
Community Nursing Services: Y <input type="checkbox"/> N <input type="checkbox"/>		NDIS: Y <input type="checkbox"/> N <input type="checkbox"/>	
Clinical details			
Life-limiting illness diagnosis:		Allergies:	
<input type="checkbox"/> Attached copy of medical history		<input type="checkbox"/> Attached copy of current medication	
Reason For Referral:			
Complex Symptom Control		Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, please outline details of complex and/or persistent symptoms requiring treatment			
Advance Care Planning (Attach copy of any relevant documents)		Y <input type="checkbox"/> N <input type="checkbox"/>	
Other (please outline)			
Multidisciplinary Team Needs? Y <input type="checkbox"/> N <input type="checkbox"/>			
Social Worker <input type="checkbox"/>		Psychologist <input type="checkbox"/>	
Occupational Therapist <input type="checkbox"/>		Physiotherapist <input type="checkbox"/>	
Dietitian <input type="checkbox"/>		Speech Pathologist <input type="checkbox"/>	
Aboriginal Liaison Officer <input type="checkbox"/>		Pharmacist <input type="checkbox"/>	

Fax referrals to Palliative Community Supportive Care Clinic Office: 9382 0422

If you would like to discuss the referral please contact Palliative Community Supportive Care Clinic: 9382 0400