

Attach Bradma label here, or complete details.

Hospital UR#:
 Surname: Given Name:
 Address:
 Suburb: Post Code:
 DOB: Ph: Male Female

REFERRAL FORM

Referral Date:

Referrer's Name:

Referrer's Contact No:

Acute Sub-Acute Community

For outpatient clinic and tele health referrals please use MR/005.99 or GP referral letter

Medicare number:

Marital status:

Country of birth: Aboriginal /Torres Strait Islander

 Please fax referral to GRPCT via Central Intake - Fax: 5320 3893

GRPCT Pager - Ph: 03 5320 4000, P: 4607

Level of Urgency	
<input type="checkbox"/> Within 24 hours <input type="checkbox"/> Within 2 Business Days <input type="checkbox"/> Routine	<input type="checkbox"/> Malignant <input type="checkbox"/> Non Malignant

Reason for Referral (tick one box only)
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Symptom Management <input type="checkbox"/> Discharge Planning <input type="checkbox"/> End Stage <input type="checkbox"/> Psychosocial Support
<input type="checkbox"/> Assessment for Admission to Gandarra <input type="checkbox"/> Case Conference <input type="checkbox"/> Other

Diagnosis:
Current Symptoms/Treatment:
.....
.....
For community patients: Has the GP agreed to the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No GP Name:

Patient's Living Arrangements
<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with family <input type="checkbox"/> Lives with others <input type="checkbox"/> Not stated

Accommodation
<input type="checkbox"/> Home <input type="checkbox"/> Residential Care - HLC <input type="checkbox"/> Residential Care - LLC <input type="checkbox"/> SRS <input type="checkbox"/> Other

Regional Referral Location
<input type="checkbox"/> Ballarat <input type="checkbox"/> Ararat <input type="checkbox"/> Horsham <input type="checkbox"/> Bacchus Marsh <input type="checkbox"/> Other

For Office Use Only - Grampians Regional Palliative Care Team Contacts																
Staff Member Name:																
Date	Patient Name	UR Number	Mode	Contact Purpose	Phase of Care	Delivery Setting	EAS Pain	EAS O/S	EAS P/Sol	EAS F/ Carer	Contact Time	Episode End date	Date of death	Place of death	Referred to	Travel Time

Referral to Palliative Care Consult Team

General criteria:

1. Progressive incurable disease
2. Complex symptom control problems
3. Patient agrees to referral
4. Referral based on patient/family need, NOT on prognosis

Some disease related criteria:	
<p>Cancer</p> <ul style="list-style-type: none"> Incurable metastatic disease Inoperable primary disease Complex symptom control problems Declining performance status 	<p>Cardiac disease</p> <ul style="list-style-type: none"> • Advanced heart failure (NYHA Grade 3 or 4) • Frequent admissions over last 12 months with heart failure symptoms despite maximal therapy • Complex symptom control problems
<p>Pulmonary disease</p> <ul style="list-style-type: none"> • Shortness of breath at rest • Clear disease progression • Right heart failure • Cachexia • Frequent admissions to ED over last 12 months 	<p>Renal disease</p> <ul style="list-style-type: none"> • Dialysis not appropriate or unwanted • Ceasing dialysis • Fluid overload despite maximal therapy • Complex symptom control problems
<p>Hepatic disease</p> <ul style="list-style-type: none"> • Ascites despite maximal diuretics • Peritonitis • Jaundice (unresolving) • Hepatorenal syndrome • Encephalopathy • Recurrent variceal bleeding not being otherwise treated 	<p>Neurological disease (e.g. MND, MS)</p> <p>Progressive functional decline with:</p> <ul style="list-style-type: none"> • Inability to walk • ADL dependence • Dysphagia • Dysphasia/dysarthria • Cachexia • Dyspnoea at rest
<p>Stroke</p> <ul style="list-style-type: none"> • Persistent vegetative state • Complex issues around oral intake of diet/fluids • Significant agitation/cerebral irritation 	<p>Dementia</p> <ul style="list-style-type: none"> • Inability to dress or walk without assistance • Loss of meaningful verbal communication • Faecal and/or urinary incontinence
<p>Other situations</p> <ul style="list-style-type: none"> • Multiple co-morbidities • Failure to respond to current treatment with death as inevitable outcome • Medically unfit for surgery for life threatening disease 	<p>And</p> <ul style="list-style-type: none"> • Recurrent urinary and/or respiratory infections • Multiple stage III or IV pressure ulcers • Cessation of oral intake • Complex symptom control problems