

## Palliative Care Referral Form

**THIS REFERRAL CANNOT BE ACTIONED BY OUR TEAM IF:**  
 1. The patient is not aware of the referral  
 2. There is insufficient supporting information e.g. clinical notes

Patient aware of referral    YES     NO                       Next of kin aware of referral    YES     NO

**Referral priority**

**URGENT\* (<24hrs)**                       **Routine 1-2 days**                       **2-7 days**

*\*Please call Hospice team (PH: (06) 753 7830 ext 8661)*

**Patient details**

Title	Surname	First name	M / F
Address		GP	DOB
Phone		Specialist	NHI

**Reason for referral** *(tick those required)*

Symptom control                       End of life care                       Counselling

**Type of consultation requested** *(tick those required)*

Hospital review                       Community Visit                       Outpatient appt                       Advice Only

**Clinical details**

Date of Diagnosis:	ECOG/Performance Status:
Diagnosis:	
Past medical history:	Medications:
	Allergies:
Current Issues:	
Social Situation: (e.g. Lives alone)	

**Hospice Use Only**

Referred by:.....  
 Signature of referrer:.....  
 Source: GP/Consultant:.....  
 Phone/Pager:.....

Referral received/actioned by:.....  
 Date:.....Time:.....  
 Discussed with Dr:.....

## GENERAL REFERRAL CRITERIA FOR ACCEPTANCE BY HOSPICE TARANAKI SERVICE

- Must be a resident within Taranaki or a visitor to the region and registered with another Hospice Service
- Must have progressive incurable or life-limiting disease with no prospect of cure
- Must have complex symptoms or psychosocial needs which exceed those provided by a generalist palliative care provider and warrants specialist palliative care input
- Patient agrees to the referral if competent to do so (or an advocate or nominated EPOA for the patient agrees)

### CLINICAL DISEASE INDICATORS:

- Malignancy with metastases, rapid or predictable decline
- Non-malignancy such as heart disease, COPD, renal disease, liver disease
- General neurological disease – Motor Neurone Disease, Parkinson’s, Multiple Sclerosis, dementia, CVA, frailty

Hospice Taranaki utilises the Gold Standard Framework Prognostic Indicator Guide to assess patients for acceptance into the service.

Referrers can access this information at <http://www.goldstandardsframework.org.uk>

1. National Cancer Control Programmes: Policies and Managerial Guidelines, 2<sup>nd</sup> Ed. Geneva: WHO, 2002

GRADE	ECOG PERFORMANCE STATUS	<i>Adapted from the Eastern Cooperative Oncology Group, Robert L. Comis, MD, Group Chair</i>
0	Fully active, able to carry on all pre-disease performance without restriction	
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work	
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours	
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours	
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair	