



## Palliative Care Referral Form

**PLEASE FAX TO: 06 753 7806 or 8667 (TDHB internal only)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Number of pages faxed: \_\_\_\_\_

**1 Referral priority**

**URGENT\*** (<24hrs)

**ROUTINE** (24-72 hrs)

*\*Please call Hospice team (contact number 06 753 7830)*

**2 Patient details** *(please attach patient label, if available)*

Title	Family name	First name	
Address		DOB	M/F
		NHI	
Tel no.			

Patient aware of referral

**Y/N**

Next of kin aware of referral

**Y/N**

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

Symptom control

End of life care

Family support

Community support

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

Hospital review

Hospice admission

Outpatient appt

Home visit

Hospice advice

**5 Clinical details** *(Please attach any relevant /supporting documentation)*

Date of Diagnosis		Patient/family aware of diagnosis	<b>Y/N</b>
Diagnosis			
Current problems / Recent management:			
Relevant past medical history:		Relevant Drug history:	
Allergies:			

**6 Referral source**

Hospital team	Primary care team (GP/Nurse)	Palliative care team
Name of managing Consultant/GP		
Completed by	Position	Contact/bleep No.
Signature*	Date	

***Please ensure that the patient's managing consultant / GP is aware of this Palliative care referral. \*Signature implies awareness.***

***For hospice use only***  
*Action:*

*Date reviewed:*

*Dr's initials:*



## Palliative Care Referral Form

### Philosophy of Hospice/Palliative Care

Hospice and Palliative Care is the active care of patients with advanced, progressive and incurable disease. The World Health Organization definition states:

*“Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”<sup>1</sup>*

### Referral Criteria

People who have active, progressive, far advanced disease for whom the prognosis is likely to be limited to a year or less. Examples of diagnoses include:

metastatic cancer

progressive neurological disease, e.g. motor neurone disease, multiple sclerosis

end stage organ failure, e.g. end stage heart failure, end stage respiratory failure, end stage renal failure

HIV & Aids

end of life cares, including the requirement of medication delivered by syringe driver.

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