

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 Other Prefer not to say
Suburb Postcode	Medicare no.
Phone	Hospital/UR number (if relevant)
Lives alone Lives with spouse / partner	Patient's current location
Lives with family Other _____	Planned discharge date (if relevant)
Interpreter required/Language	
Indigenous status	Aboriginal Torres Strait Islander Both Unknown Neither

Who is the preferred contact person for this referral.

Patient

First contact

Second contact

First 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

Second 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)

Reminder: If the matter is URGENT please telephone your local palliative care service

Symptoms and/or concerns that exceed the capacity, resources, knowledge or skills of the primary care provider

Difficulty sleeping Appetite problems Nausea Bowel problems
Breathing problems Fatigue Pain Other _____

Psychosocial concerns (patient or carer)

Counseling Advanced Care Directive planning Services Other _____

Terminal care (patient is in the last few weeks of life)

Other/unmet needs _____

¹Substitute Decision Maker - appointed under an Advance Care Directive and includes medical agent/enduring guardian. Person Responsible - usually a close family member or friend.

Palliative care referral form

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	
Allergies	Infectious condition	Safety concerns	
Cytotoxic precautions	Guardianship orders	Other _____	

Relevant specialist involved in care / pathology provider/ radiology provider _____

Referrer and/or GP details

Date of referral	GP same as referrer
Referrer name	GP name
Referrer phone	GP phone
Referrer address	GP address
Referrer signature	Provider 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

Kangaroo Island Palliative Care
Phone: 8553 4231
Fax: 8553 4227

Lower North Palliative Care (Clare)
Phone: 8842 6539 / 8842 6560
Mobile: 0429 019 113
Email referrals to
DLHealthCHSAPortPirieCAHS
Referrals@sa.gov.au or Fax to 8842 6556

Murray Mallee Palliative Care (Murray Bridge)
Phone: 8535 6800
Email referrals to
healthrmclhnmchsreferrals@sa.gov.au or Fax to 8535 6808

Naracoorte Palliative Care
Phone: 8762 8160
Email referrals to
HealthSERCHSNaracoorteIntake@sa.gov.au or Fax to 8762 8164

Port Augusta Palliative Care
Phone: 8668 7754
Email: HealthCHSACountryHlthConnect
FUNReferrals@sa.gov.au

Port Lincoln Palliative Care
Mob: 0429 212 385 / 0429 213 944
Fax: 8682 5831

Port Pirie Palliative Care
Phone: 8638 1100
Mobile: 0417 811 545
Email referrals to
DLHealthCHSAPortPirieCAHS
Referrals@sa.gov.au or Fax to 8115 5734

Riverland Palliative Care (Barmera)
Phone: 0408 805 966
Email: Health.RMCLHNRiverlandCommunity
HealthServiceReferrals@sa.gov.au

South Coast Palliative Care (Victor Harbor)
Phone: 0429 214 300
Please direct to the Country Referral Unit
Fax: 1800 771 211

South East Palliative Care (Mt Gambier)
Phone: 8721 1460
Fax: 8721 1461
Email: Health.SERCHSMtGambierIntake@sa.gov.au

Whyalla Palliative Care
Phone: 8648 8327
Email: HealthCHSACountryHlthConnect
FUNReferrals@sa.gov.au

Yorke Peninsula Palliative Care (Walleroo)
Phone: 8823 0289 / 8823 0270
Mobile: 0429 022 005
Email referrals to
DLHealthCHSAPortPirieCAHS
Referrals@sa.gov.au or Fax to 8823 2902

Instructions:

Once you have filled out the form, print and fax or email (where an email address has been provided) to the relevant palliative care service with additional information attached.

Information contained in this referral form may be private and also may be the subject of legal professional privilege or public interest. If you are not the intended recipient, any use, disclosure or copying of this document is unauthorised under the *Health Care Act 2008* and may attract a fine of up to \$10,000. If you have received this document in error, please inform the appropriate Palliative Care Service.



Government
of South Australia

SA Health