HammondCare
Champion Life

Specialist Palliative & Supportive Care Service Referral Form North

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Family Name

Given Name

MRN | M.O | Date of birth | ☐ Male ☐ Female

Address

Location / Ward

Referral to:
- ☐ Palliative Care Inpatient Unit
- ☐ Community Palliative Care Service

Attention:
- ☐ Staff Specialist (Greenwich)
- ☐ Staff Specialist (Neringah)
- ☐ Staff Specialist (Northern Beaches)

Referrer's Name

Referrer's Contact Number

Referral's Facility

On behalf of Doctor

Doctor's Provider Number

GP Name (if not referring doctor)

Practice Name

GP Phone Number

Is GP aware of referral? ☐ Yes ☐ No

Patient location

Consent to referral? ☐ Patient ☐ Family

Person responsible

Relationship | Tel No

Name of Palliative Care Consultant

Medicare Number

Health Fund Name

No. | Language

Lives alone? ☐ Yes ☐ No

Interpreter needed? ☐ Yes ☐ No

Reason for referral (select one or more if applicable):

☐ Symptom control ☐ Terminal care ☐ Psychosocial support ☐ Supportive care

Diagnosis and treatment (previous & current):

Medical history:

NSW Health Resuscitation Plan completed? (Please attach to this form) ☐ Yes ☐ No

Relevant additional documents not available on eMR attached ☐ Yes ☐ No ☐ N/A

Infection status and location:

Special instructions:
(tracheostomy, wound care, CVADs, PEG, modified diet needs)

Falls risk / behavioural concerns:

Functional status: ☐ Independent ☐ Partial assist ☐ Full assist

Skin integrity: Waterlow score:

Patient and family concerns:

Understanding of disease:

Goals of care:

Spiritual / cultural needs:

Referring Doctor's Signature:

Date: _____

PLEASE FAX OR EMAIL COMPLETED COMMUNITY REFERRALS TO:

Greenwich Community Palliative Care	F: 9903 8265	E: gcteam@hammond.com.au
Neringah Community Palliative Care	F: 9488 2247	E: ncteam@hammond.com.au
Northern Beaches Community Palliative Care	F: 8355 3723	E: nbpcadministration@hammond.com.au

(For urgent referrals please phone 1800 427 255)

PLEASE FAX COMPLETED INPATIENT REFERRAL TO:

Greenwich Hospital	T: 9903 8227	F: 9903 8100
Neringah Hospital	T: 9488 2200	F: 9487 1599

(For urgent referrals please phone the relevant number above)