Regional Palliative & End of Life Care Team Referral Form

* Indicates mandatory fields.

*Client details

Name

Known as:

DOB:

Contact number:

Address:

Contact person:

Contact number:

Current location of client:

☐ Home ☐ Hospital ☐ Other:

Expected Date of Discharge:

Client indentifies as

☐ Aboriginal ☐ Torres Strait Islander ☐ Neither
☐ Both ☐ Family of

Current services involved: (Primary care team, palliative care team, specialist team, other)

Service:

Contact number:

Email:

Others (if any):

*Consent

Client has consented to referral ☐ Yes ☐ No

Client has consented to the team accessing IUIH medical records & other HHS records (if available) ☐ Yes ☐ No

*Reason for Referral (Select as many that are relevant)

☐ Case management ☐ Clinical support ☐ Consultancy & advice
☐ Cultural support ☐ Bereavement support ☐ Other

*Palliative diagnosis:

Do you consider client to be:

☐ Stable (managing, symptoms under control)
☐ Unstable (not in control of symptoms, flare-ups, increased symptoms)
☐ Deteriorating (clearly declining, transitioning to end of life, more supports needed)
☐ Terminal (end of life, symptom relief, spiritual comfort)
☐ Bereavement (supporting family and loved ones)

*Priority of referral:

☐ Future Action - Current inpatient	Our team will contact to acknowledge referral received & organise involvement when discharged home (unless requested sooner).
☐ Standard - up to 72 business hours to contact	Stable, distress noticeable but not urgent, support delays, desired change of location, non-urgent needs requiring coordination.
☐ Urgent- up to 24 business hours to contact	Severe or sudden change/pain, in distress, lack of or no support, unmet spiritual/cultural needs causing distress.

Referral details:

Name of referrer:

Role/relationship to client:

Date of referral:

Contract details:

Sign:

Other relevation information:

Please send referrals to the IUIH Regional Palliative and End of Life Care Team via MMEX or palliativecare@iuih.org.au or phone 1800 573 945.

Contact will not be made until all relevant information including consent is obtained.

A team member will make contact if further information is required.

General advice can be sought from any member of the palliative care team without referral. Please make contact via the email address or phone number above.