TASMANIAN HEALTH SERVICE

Tasmanian Government

SPECIALIST PALLIATIVE CARE SERVICE REFERRAL

STATEWIDE

FACILITY: _____

PT ID									

SURNAME..... D.O.B .....

OTHER NAMES.....

ADDRESS .....

.....

Attach Patient Sticker Label

FT1555623

(Tick ☑ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Phone number: Other phone contact:

Client lives alone: ☐ Yes ☐ No Estimated discharge date: DD / MM / YYYY

Client's current location:

Reason for referral – Specialist Palliative Care needs identified

☐ Complex pain and symptom management ☐ Complex end of life planning

☐ Complex psychosocial and spiritual issues ☐ Complex terminal care

Measures initiated to date:

Diagnosis/relevant history/medications:

Prognosis *(in your opinion)*: **This client has a prognosis of** ☐ Days ☐ Weeks ☐ Months ☐ Years

Is the referral urgent? ☐ Yes ☐ No *If yes, phone to discuss*

Attach available information. ☐ Advance Care Directive ☐ Medical Goals of Care ☐ Medication list

☐ Diagnostic information ☐ Discharge Summary ☐ Letters

Identify Primary Health Care Providers involved *(complete appropriate referrals)*

Community Health Nurse: ☐ Referral completed ☐ Referral discussed

If over 65 years: ☐ My Aged Care ☐ Tasmanian Community Care ☐ ACAT (Aged Care Assessment Team)

If under 65 years: ☐ Tasmanian Community Care

☐ Palliative Care Volunteer ☐ Respiratory Service for Home Oxygen (O_2)

☐ Allied Health *(specify):*

General Practitioner *(print name):* Have they been advised of the referral? ☐ Yes ☐ No

Medical Specialist *(print name):* Have they been advised of the referral? ☐ Yes ☐ No

Primary caregiver *(print name):* Relationship to client:

Address:

Phone number: Other phone contact:

First contact *(print name):* Relationship to client:

Address:

Phone number: Other phone contact:

Consent for referral received from: ☐ Client ☐ Carer ☐ Person responsible

Is client adequately informed about: ☐ Diagnosis ☐ Prognosis

Referrer *(print name):* Designation:

Signature: Date: DD / MM / YYYY

Phone: Fax:

Specialist Palliative Care Service – South
"Activities Centre" - 90 Davey Street, Hobart Tas 7000
Phone: (03) 6166 2820 Fax: (03) 6173 0303
Email: pcsouth@ths.tas.gov.au

J.W. Whittle Palliative Care Unit
88 Davey Street, Hobart Tas 7000
Phone: (03) 6166 2800 Fax: (03) 6173 0310
Email: whittleward@ths.tas.gov.au

Specialist Palliative Care Centre – North
"Allambi Building" 33-39 Howick Street, Launceston Tas 7250
Phone: (03) 6777 4544 Fax: (03) 6777 5253
Email: palliativecare.north@ths.tas.gov.au

Specialist Palliative Care Centre – North West
"Parkside" - Level 3, 1 Strahan Street, Burnie Tas 7320
Phone: (03) 6477 7760
Email: palliativecareservicenw@ths.tas.gov.au

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