



## Regional Palliative Care Service Referral Form – COVID

<b>Date referral sent:</b>	<b>Date referral acknowledged:</b>		
<b>C-19 Vaccinated:</b> Dose 1    Dose 2    Dose 3	Office use only		
Direction to isolate:    At Home    Quarantine (hotel)	<b>Referral made to</b> (name of service)		

Client details		Urgent	Non-urgent
<b>Surname:</b>		<b>Given names:</b>	
<b>Date of birth:</b>	<b>Sex:</b> M    F	<b>Lives alone:</b> Yes    No	
<b>Address:</b>		<b>Post code:</b>	
<b>Home phone:</b>	<b>Work:</b>	<b>Mobile:</b>	
<b>Patient location:</b> e.g. hospital, home, town, nursing home			<b>Religion:</b>
<b>Indigenous status:</b> Ab    TSI    AB & TSI    Other	Public	Private	DVA    No Medicare
<b>Preferred language:</b>		<b>Interpreter:</b>	

Support person/Next of kin details:			
<b>Name:</b>		<b>Relationship to patient:</b>	
<b>Address:</b>		<b>State:</b>	<b>Post code:</b>
<b>Home phone:</b>	<b>Work:</b>	<b>Mobile:</b>	

Referrer details			
<b>Name of referrer:</b>		<b>Contact number:</b>	
<b>Position/Organisation:</b>		<b>Ward/Unit:</b>	<b>Discharge date:</b>
<b>General Practitioner:</b>		<b>Contact number:</b>	
<b>Is the GP/Physician aware of the referral?</b> Yes    No		<b>Supporting Documents:</b> Yes    No	

Diagnosis Details (attach relevant medical information)			
<b>Date of Diagnosis:</b>		<b>Primary Diagnosis:</b>	
<b>Reason for referral:</b>	Palliative care assessment Symptom management Care coordination Complex psychosocial issues	Family/carer support Terminal care Other	
<b>COVID checks:</b>	Clinical referral If have a GoC comfort only C-19 and dying or likely to die within 7 days	Probable case Confirmed case	<b>Other information:</b>

Consent			
<b>Is the patient aware of diagnosis?</b> Yes    No	<b>Has the patient consented to referral?</b> Yes    No		
<b>Is the carer/family aware of the referral?</b>		Yes	No
<b>Does the patient have an Advance Care Directive or GoC?</b>		Yes	No    AHD    GoC
<b>Is there an Enduring Power of Guardianship?</b>		Yes	No    Unsure

Please forward referral to Regional Palliative Care Service:				
	Email	Fax number	Telephone	Mobile
<b>Goldfields</b>	<a href="mailto:goldfieldspalliativecare@health.wa.gov.au">goldfieldspalliativecare@health.wa.gov.au</a>	9080 5865	9080 5290	0429 233 403
<b>Great Southern</b>	<a href="mailto:gs.palliativecare@health.wa.gov.au">gs.palliativecare@health.wa.gov.au</a>	9892 2580	9892 2380	0429 379 145
<b>Kimberley</b>	<a href="mailto:KHR.palliativecare@health.wa.gov.au">KHR.palliativecare@health.wa.gov.au</a>	9194 2899	9194 2325	0439 752 223
<b>Midwest</b>	<a href="mailto:Midwest_palliativecare@health.wa.gov.au">Midwest_palliativecare@health.wa.gov.au</a>	9956 8747	9956 2431	0407 949 040
<b>Pilbara</b>	<a href="mailto:WACHS-Pilbara.palliativecare@health.wa.gov.au">WACHS-Pilbara.palliativecare@health.wa.gov.au</a>	9194 2282	9144 7951	0457 537 227
<b>South West</b>	<a href="mailto:wachs-sw-palliativecare@health.wa.gov.au">wachs-sw-palliativecare@health.wa.gov.au</a>	9781 4052	9781 4042	0409 026 085
<b>Wheatbelt</b>	<a href="mailto:wheatbelt.palliativecare@health.wa.gov.au">wheatbelt.palliativecare@health.wa.gov.au</a>	9690 1601	9690 1686	0408 399 016