Government of **Western Australia**
WA Country Health Service

Regional Palliative Care Service Referral Form

Date referral sent:	**Date referral acknowledged:** Office use only
	Referral made to (name of service):

Client details

☐ **Urgent** ☐ **Non urgent**

Surname:		**Given names:**
Date of birth: / /	**Sex:** ☐ M ☐ F	**Lives alone:** ☐ Yes ☐ No
Address:		**Post code:**
Home phone:	**Work:**	**Mobile:**
Patient location: eg. Hospital, Home, Town, Nursing Home		**Religion:**
Indigenous status: ☐ AB ☐ TSI ☐ AB & TSI ☐ Other		☐ Public ☐ Private ☐ DVA ☐ No MEDICARE
Preferred language:		**Interpreter:**

Support person / Next of kin details:

Name:	**Relationship to patient:**	
Address:	**State:**	**Post code:**
Home Phone:	**Work:**	**Mobile:**

Referrer details

Name of referrer:		**Contact number:**
Position/Organisation:	**Ward/Unit:**	**Discharge date:**
General Practitioner:	**Contact number:**	
Is the GP/Physician aware of the referral? ☐ Yes ☐ No		

Diagnosis Details (Attach Relevant Medical Information)

Date of Diagnosis:	**Primary Diagnosis:**	
Reason for Referral:	☐ Palliative care assessment ☐ Symptom management ☐ Care coordination ☐ Complex psychosocial issues	☐ Family/Carer support ☐ Terminal care ☐ Other

Consent

Is patient aware of diagnosis? ☐ Yes ☐ No	**Has the patient consented to referral?** ☐ Yes ☐ No
Is the carer/family aware of the referral?	☐ Yes ☐ No
Does the patient have an Advance Health Directive?	☐ Yes ☐ No ☐ Don't know
Is there an Enduring Power of Guardianship?	☐ Yes ☐ No ☐ Don't know

Please forward referral to Regional Palliative Care Service:

	Email	Fax Number	Telephone Number	Mobile
Great Southern	gs.palliativecare@health.wa.gov.au	9892 2580	9892 2380	0429379145
South West	wachs-swpalliativecare@health.wa.gov.au	9781 4052	9781 4042	0409026085
Wheatbelt	wheatbelt.palliativecare@health.wa.gov.au	9690 1601	9690 1686	
Goldfields	goldfieldspalliativecare@health.wa.gov.au	9080 5865	9080 5290	0429233403
Midwest	Midwest_PalliativeCare@health.wa.gov.au	9956 8747	9956 2431	0407949040
Pilbara	WACHS-Pilbara.PalliativeCare@health.wa.gov.au		9144 7951	0457537227
Kimberley	KHR.PalliativeCare@health.wa.gov.au	9194 2899	9194 2325	

WCP-013273 JUL'20