**Palliative care supplementary information**

Purpose: to assist workers/practitioners to communicate additional information required for palliative care referrals.

### Consumer

- **Name:**
- **Date of Birth: dd/mm/yyyy**
- **Sex:**
- **UR Number:**

### Referral

**Referral type**
- [ ] To community based service
- [ ] To inpatient service, for admission
- [ ] To inpatient service, for respite

### Inpatient details

- **Name of hospital/facility:**
- **Is the consumer an Inpatient?** [ ] Yes [ ] No
- **Ward/Clinic:**
- **Reason for admission:**
- **Expected discharge date: dd/mm/yyyy**

### Specialist details:

1. **Name:**
   - [Profession/specialty: ]
   - [Hospital/clinic Name: ]
   - [Address: ]
   - [Phone: ]
   - [Fax: ]
   - [Email: ]
   - **Contact details for medical consultant**
     - **Name:**
     - [ ]
     - [ ]
     - [ ]
     - [ ]

2. **Name:**
   - [Profession/specialty: ]
   - [Hospital/clinic Name: ]
   - [Address: ]
   - [Phone: ]
   - [Fax: ]
   - [Email: ]
   - **Contact details for medical consultant**
     - **Name:**
     - [ ]
     - [ ]
     - [ ]
     - [ ]

### Additional medical history/treatment

#### Primary diagnosis (include histology if applicable):

- **Date of primary diagnosis**
  - (dd/mm/yyyy)

#### Secondary diagnosis:

- **Date of secondary diagnosis**
  - (dd/mm/yyyy)

### Additional medical history (attach relevant imaging, blood test results, medication list etc)

### Karnofsky (Australian) performance score:

- **Date completed (dd/mm/yyyy):**

  - [ ] 100 Normal; no complaints; no evidence of disease
  - [ ] 90 Able to carry on normal activity; minor signs or symptoms
  - [ ] 80 Normal activity with effort; some signs of symptoms of disease
  - [ ] 70 Cares for self; unable to carry on normal activity or to do active work
  - [ ] 60 Requires occasional assistance but is able to care for most of needs
  - [ ] 50 Requires considerable assistance and frequent medical care
  - [ ] 40 In bed more than 50% of time
  - [ ] 30 Almost completely bedfast
  - [ ] 20 Totally bedfast and requiring extensive nursing care by professionals and/or family
  - [ ] 10 Comatose or barely rousable

### Key symptom issues

- [ ] Pain
- [ ] Tiredness
- [ ] Nausea
- [ ] Depression
- [ ] Anxiety
- [ ] Shortness of breath
- [ ] Drowsiness
- [ ] Appetite
- [ ] Wellbeing
- [ ] Constipation
- [ ] Diarrhoea
- [ ] Other:

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This information collected by: [PCSI Page 1 of 3]
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### Additional medical history/treatment (cont.)

**Current and planned treatment** (including treatment regimens/plans if applicable, information about upcoming appointments and information about how much medication the patient is discharged home with)

### Advance Care Planning

- **Does the consumer have an Advance Care Plan?**
  - [ ] Yes
  - [ ] No
  - [ ] Not stated/unknown

- **Does this include a Refusal of Treatment Certificate or other documentation limiting treatment?**
  - [ ] Yes
  - [ ] No
  - [ ] Not stated/unknown

- **Does the consumer have a nominated substitute decision maker (enduring power of attorney medical treatment) in relation to medical decisions?**
  - [ ] Yes
  - [ ] No
  - [ ] Not stated/unknown

### Consumer/family awareness of diagnosis and prognosis

**Consumer awareness**

- **Diagnosis**
  - [ ] Yes
  - [ ] No

  **Comments:**

- **Prognosis**
  - [ ] Yes
  - [ ] No

  **Comments:**

**Family/carer awareness**

- **Diagnosis**
  - [ ] Yes
  - [ ] No

  **Comments (specify individual family member/carer awareness and any related issues):**

- **Prognosis**
  - [ ] Yes
  - [ ] No

  **Comments (specify individual family member/carer awareness and any related issues):**

### Multidisciplinary assessments

**Have any relevant assessments been carried out**

* (eg aged care, physiotherapy, occupational therapy, social work, volunteer or other)*

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Assessor name</th>
<th>Assessor phone number</th>
<th>Notes</th>
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<tr>
<td>eg aged care</td>
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or affix label here

Nursing care
(eg peg feed, nasogastric tube in situ, tracheostomy, home oxygen):

Psychological and spiritual issues
Psychological/current family/carer issues
(eg family and personal relationships, previous losses, family problems, concurrent life crises):

Cultural, religious and spiritual considerations

Other
Include/attach any other relevant information

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