

NSW PAEDIATRIC PALLIATIVE CARE REFERRAL FORM

REFERRER INFORMATION

Name:	Organisation/Team:
Medicare Provider #	Phone/Mobile:
Fax:	Email:
Signature:	
Date:	

PATIENT INFORMATION

Dear *(please select the Specialist NSW PPC Programme service required)*

- Dr Susan Trethewie** (Sydney Children's Hospital, Randwick)
 Dr Martha Mherekumombe (The Children's Hospital at Westmead)
 Dr Sharon Ryan (John Hunter Children's Hospital, Newcastle)

I would like to refer:

Name:	DOB:	Local MRN:
Parents/Primary Carers names:		
Religion/cultural background:		
Language:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
Phone:	Mobile:	
Fax:	Email:	

Reason for referral <input type="checkbox"/> Introduction to service <input type="checkbox"/> Symptom management <input type="checkbox"/> End of life care <input type="checkbox"/> Difficult decision making <input type="checkbox"/> Advice for primary treating team <input type="checkbox"/> Allied Health advice required <input type="checkbox"/> Other _____	Action Requested <input type="checkbox"/> Telephone consultation for advice related to patient management <input type="checkbox"/> Meet with patient and family <hr/> Urgency of Request <input type="checkbox"/> Immediate (less than 24 hours) * P/C essential <input type="checkbox"/> Non-urgent (greater than 24 hours) <input type="checkbox"/> Other _____
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Has the referral been discussed with the parent/carer? Yes No

Current location of the child: Home Hospital Other

PATIENT MEDICAL INFORMATION

Primary diagnosis:	
Date of diagnosis:	Prognosis: <input type="checkbox"/> < 1 week <input type="checkbox"/> 3-12 months <input type="checkbox"/> 1-4 weeks <input type="checkbox"/> > 12 months <input type="checkbox"/> 4-12 weeks
Existing co-morbidities	
Other medical details	

TREATING TEAM INFORMATION

GP:	GP contact details:
Paediatrician:	Paediatrician contact details:
Have any discussions about medical goals of care and /or resuscitation taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation:	
Other community agencies involved in care:	
Additional information:	

Palliative Care: John Hunter Children's Hospital, Newcastle

Ph. (02) 4921 3387 Fax: (02) 4921 3599

Email: HNELHD-Paedpallcare@hnehealth.nsw.gov.au

Business Hours: 8.30am-5pm (Monday – Friday)

Palliative Care: Sydney Children's Hospital, Randwick

Ph. (02) 9382 2095 Fax: (02) 9382 7946

Email: cncpalliativecaresch@sesiahs.health.nsw.gov.au

Business Hours: 8.30am-5pm (Monday-Friday)

Palliative Care: The Children's Hospital at

Westmead Ph. (02) 9845 0000 **Fax:** (02) 9845 2111

Email: schn-chwppc@health.nsw.gov.au

Business Hours: 8.30am-5pm (Monday-Friday)