**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?** | | |
| * Yes | * No | |
| **Address:** | | | |
| **Phone:** | **Mobile:** | | |
| **Fax:** | **Email:** | | |

|  |  |
| --- | --- |
| **Reason for referral**   * Introduction to service * Symptom management * End of life care * Difficult decision making * Advice for primary treating team * Allied Health advice required * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Action Requested**   * Telephone consultation for advice related to patient management * Meet with patient and family |
| **Urgency of Request**   * Immediate (less than 24 hours) \* P/C essential * Non-urgent (greater than 24 hours) * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**   * < 1 week * 1-4 weeks * 4-12 weeks | * 3-12 months * > 12 months |
| **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?** | | |
| * **Yes** | * **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@health.nsw.gov.au](mailto:HNELHD-PaedPallCare@health.nsw.gov.au)

**Palliative Care: Sydney Children’s Hospital, Randwick**

**Ph. (**02) 9382 5429 **m:** 0412 915 089 **Fax:** (02) 93825680

**Email:** [SCHN-CNCPalliativeCare@health.nsw.gov.au](mailto:SCHN-CNCPalliativeCare@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](mailto:schn-chwppc@health.nsw.gov.au)

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

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