Government of South Australia
Country Health SA

PALLIATIVE CARE REFERRAL FORM
FAX: 8682 5831

Affix patient identification label in this box

UR No: _____

Surname: _____

Given Names: _____

DOB: ____/____/____ Sex: _____

Reason for Referral: ☐ Terminal Care ☐ Acute Symptom Management ☐ Other (See Presenting Issues)

Diagnosis:

Date of Diagnosis Expected Prognosis (Time Frame):

Patient Aware of Diagnosis / Prognosis: ☐ Yes ☐ No Family Aware ☐ Yes ☐ No

Has the family consented to this referral: ☐ Yes ☐ No

If no to any of the above, why?

Living Arrangements: ☐ Lives alone ☐ Living with family and/or carer

☐ CALD Case Manager _____

Contact No: GP:

Comments:

Assessment: (see over for guidelines)

RUG-ADL: (1-5)

Bed Mobility	Toileting	Transfer	Eating	TOTAL

PSS: (0-3)

Pain	Other Symptoms	Psychosocial/Spiritual/Cultural	Family or Carer

PHASE: **Stable** **Unstable** **Deteriorating** **Terminal**
(Please circle)

AKPS:

Intervention Requested:
☐ Immediate (<24hrs) ☐ Acute (24-48hrs) ☐ Subacute (3-7 days) ☐ Patient unavailable until _____

Other Presenting Issues:

COMPLETED BY: **Name** _____

Contact No. _____ **Designation:** _____

Signature: _____ **Date**: _____/_____/_____

Palliative Care Use Only

PLAN: Hospital/Community/Home (Please Circle)
Visit:
☐ 0-3 Days ☐ Next Week ☐ Fortnight ☐ Next Month ☐ Other

PALLIATIVE CARE REFERRAL FORM

PC 01

Developed: July 2009
Revised: July 2012

PALLIATIVE CARE PHASE:

Staff rated:

1. **STABLE:** Symptoms are adequately controlled by established management
2. **UNSTABLE:** Development of a new problem or a rapid increase in the severity of existing problems
3. **DETERIORATING:** Gradual worsening of existing symptoms or the development of new but expected problems
4. **TERMINAL:** Death likely in a matter of days
5. **BEREAVED:** Death of a patient has occurred and the carers are grieving

RUG-ADL

(Resource Utilisation Group – Activities of Daily Living)

Staff rated:

For Bed Mobility, Toileting and Transfers	***For Eating***
1. Independent or supervision only	1. Independent or supervision only
3. Limited physical assistance	2. Limited assistance
4. Other than two person physical assist	3. Extensive assistance/total dependence/tube fed
5. Two or more person physical assist	

PROBLEM SEVERITY SCORE

Staff rated:

For the following 4 items assess the severity of distress as:

0 = Absent: 1 = Mild: 2 = Moderate: 3 = Severe

PAIN:
The degree of overall pain

OTHER SYMPTOMS:
Record the degree of overall other symptoms.
The following list may be used as a guide:
Nausea/vomiting: Anorexia: Itch/irritation:
Constipation/diarrhoea: Wound/ulcer: Incontinence:
Weakness/fatigue: Oedema: Dyspnoea:
Confusion/delirium:

PSYCHOLOGICAL / SPIRITUAL:
Record the score for overall degree of psychological/spiritual problems of the patient
The following list may be used as a guide:
Anxiety/fear: Request to die: Anger:
Depression/sadness:
Unrealistic goals: Confusion: Agitation:

FAMILY / CARER:
Record score for the overall degree of family/carer problems.
The following list may is a guide:
Denial: Anger: Caregiver fatigue: Sensory impairment:
Unrealistic goals: Financial: family/carer conflict:
Difficult communication: Non-English speaking:
Legal: Family/carer anxiety: Accommodation:

KEY

CALD: Culturally and Linguistically Diverse

AKPS

(Australian modified Karnofsky Performance Scale)

Staff rated:

100	Normal, no complaints or evidence of disease
90	Able to carry on normal activity, minor signs or activity
80	Normal activity with effort, some signs or symptoms of disease
70	Care for self, unable to carry on normal activity or to do active work
60	Occasional assistance but is able to care for most of his needs
50	Requires considerable assistance and frequent medical care
40	In bed more that 50% of the time
30	Almost completely bedfast
20	Totally bedfast & requiring nursing care by professionals and/or family
10	Comatose or barely arousable
0	Dead

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