TASMANIAN HEALTH SERVICE

Tasmanian Government

SPECIALIST PALLIATIVE CARE SERVICE REFERRAL

STATEWIDE

Facility: _____

(Tick ☑ as appropriate)

PT ID										

SURNAME..... D.O.B .....

OTHER NAMES.....

Attach Patient Sticker Label

ADDRESS .....

.....

FT1555623

(Home): *(Mobile):*	Client lives alone: ☐ Yes ☐ No
Client's current location:	Estimated discharge date: DD / MM / YYYY

Reason for referral – Specialist Palliative Care needs identified

☐ Complex pain and symptom management
☐ Complex psychosocial and spiritual issues
☐ Complex end of life planning
☐ Complex terminal care

Measures initiated to date: DD / MM / YYYY

Diagnosis / relevant history / medications

Prognosis *(in your opinion)*: **this client has a prognosis of** ☐ Days ☐ Weeks ☐ Months ☐ Years

Is the referral urgent? ☐ Yes ☐ No *If yes, please phone to discuss*

Additional clinical information is helpful:

☐ Medication list ☐ Diagnostic information ☐ Discharge Summary ☐ Letters ☐ Medical Goals of Care

Identify Primary Health Care Providers involved *(please complete appropriate referrals)*

Community Health Nurse: ☐ Referral completed ☐ Referral discussed	**If over 65 years**: ☐ My Aged Care ☐ Tasmanian Community Care ☐ ACAT (Aged Care Assessment Team)
	If under 65 years: ☐ Tasmanian Community Care
☐ Palliative Care Volunteer	☐ Respiratory Service for Home O_2 *(oxygen)*
☐ Allied Health *(specify)*:	
General Practitioner *(print name)*: Have they been advised of the referral? ☐ Yes ☐ No	Medical Specialist *(print name)*: Have they been advised of the referral? ☐ Yes ☐ No
Primary caregiver *(print name)*:	**First contact** *(print name)*:
Relationship to client:	Relationship to client:
Address:	Address:
Best contact number:	Best contact number:
Consent for referral received from: ☐ Client ☐ Carer ☐ Person responsible	**Is client adequately informed about:** ☐ Diagnosis ☐ Prognosis

Print Referrer name: **Designation:**

Signature: **Date**: DD / MM / YYYY

Phone: **Fax:**

Specialist Palliative Care Service – South
"Activities Centre" - 90 Davey Street, Hobart Tasmania 7000
Phone: (03) 6166 2820 Fax: (03) 6173 0303
Email: pcsouth@ths.tas.gov.au

J.W. Whittle Palliative Care Unit
88 Davey Street, Hobart Tasmania 7000
Phone: (03) 6166 2800 Fax: (03) 6173 0310
Email: whittleward@ths.tas.gov.au

Specialist Palliative Care Centre – North
"Allambi Building" - 33-39 Howick Street, Launceston Tasmania 7250
Phone: (03) 6777 4544 Fax: (03) 6777 5253
Email: palliativecare.north@ths.tas.gov.au

Specialist Palliative Care Centre – North West
"Parkside" - Level 3, 1 Strahan Street
PO Box 258, Burnie Tasmania 7320
Phone: (03) 6477 7760 Fax: (03) 6464 1941
Email: palliativecareservicenw@ths.tas.gov.au

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