



Name:
 DOB:
 Address:
Postcode.....
 Patient sex: Female Male

Or attach patient label here

REFERRAL TO SPECIALIST PALLIATIVE CARE SERVICES (PAL 02)

<input type="checkbox"/> Hospice	<input type="checkbox"/> Bendigo Community Palliative Care (BCPCS)	<input type="checkbox"/> Consultancy Service (LMRPCCS)	<input type="checkbox"/> Unsure
hospice@bendigohealth.org.au	ereferral@bendigohealth.org.au or pcreferral@bendigohealth.org.au	ereferral@bendigohealth.org.au or lmrpccs@bendigohealth.org.au	hospice@bendigohealth.org.au and lmrpccs@bendigohealth.org.au
Fax: 5454 8357	Fax: 5454 8931	Fax: 5454 7099	Fax: 5454 7099 & 5454 8357

Date: ____ / ____ / ____ Has patient consented to referral? Yes No

Referrer: Name: _____ Position: _____ Contact Number: _____

Please attach any additional documentation (medical correspondence, recent pathology/radiology etc..)

Reason for referral:

Symptom management End of Life Care Other _____

Level of urgency:

Within 24 hrs → Reason for urgency: _____

Within 2 business days Routine (may take > 2 business days)

Primary diagnosis:

_____ Malignant OR Non Malignant

Further information on this condition:

(eg For cancers, please outline extent of metastasis. For organ failures, please specify severity, such as eGFR or O₂ saturation)

Treatment received for this condition:

(eg Surgery, chemotherapy, radiotherapy, home O₂, antibiotics...)

Other Co-morbidities:

Alerts: (eg allergies, MRSA/VRE, bariatric patient, risk to staff)

Current main symptoms:

(eg nausea and vomiting)

Current treatment for this symptom:

(eg Metoclopramide, nasogastric tube)

Treating doctors' details : (eg GP's and/or specialists name and contact details)

Patient's next of kin details:

Patient's living arrangement:

Lives Alone Lives with family Lives with others Current inpatient (location: _____)
 Aged care facility: _____ Supported accommodation: _____

The referral will be acknowledged – if no contact within 2 business days OR for URGENT referrals please contact:

Intake worker - Consultancy (LMRPCCS) - 5454 6262 or BCPCS - 5454 8929 or Hospice - 5454 8355