

LODDON MALLEE REGIONAL  
SPECIALIST PALLIATIVE CARE  
CONSULTANCY SERVICE  
(LMRSPCCS)

**REFERRAL FORM**

Surname: ..... UR No: .....  
Given Name: .....  
DOB: ..... Sex: .....  
Admission Date: .....  
Consultant: ..... Ward/Clinic .....

USE LABEL IF AVAILABLE

**Loddon Mallee  
Regional Specialist  
Palliative Care  
Consultancy Service**

Monday- Friday  
8.30am-5.00pm

Tel: 5454 6262  
Fax: 5454 6336

Triage  
0438 439 078

**Palliative Care  
Physicians**

Dr Mark Kitching  
Prov No: 5005222B

Dr Buddhika  
'Buddy'  
Mudugamuwa  
Prov No: 404933JA

Dr Candice Baker  
Prov No: 4511608A

**Palliative Care  
Physician & Medical  
Acupuncturist**

Dr Rebecca Chapman  
Prov No: 200218EB

**Nurse Practitioner**

Anita Wild  
Prov No: 5465591H

**Nurse Practitioner  
Candidate**

Joanna Lane Welsh

**Palliative Care, Aged  
Care and Disability  
CNC**

Judith Miatke

**Motor Neurone  
Disease  
CNC**

Angela Munro

**Servicing the  
Southern Loddon  
Mallee region**

**Referrer Details**

(ALL referrals **MUST** be completed by a Registered Medical Practitioner or Nurse Practitioner)

Referral Date: ..... Referrer's Contact No: .....  
Referrer's Name: ..... Referrer's Provider Number: .....  
Organisation: ..... Referrer's Signature: .....

**Regional Referral Location**

Bendigo  Castlemaine  Echuca  Kyneton  Maryborough  Swan Hill  Other: .....

**Referral Request**

Specialist Clinic\*  Telehealth\* \*Please provide most recent health summary and correspondence  
 Home Consult  Ward Review  Virtual Ward Round  Unsure/query admission

For **URGENT** matters during business hours, please call **0438 439 078** or **5454 6262**

**Patient Details**

Is the patient aware of the referral:  Yes  No Patients living arrangements:  
Medicare Number: .....  Alone  with family  lives with others  
Marital Status: .....  Patient's current location: .....  
Country of Birth: ..... Carer Availability  Has no carer  
Indigenous Status:  A  TSI  Both A&TSI Has a carer:  Co-Resident  Non-resident  
 Not Clearly Stated/inadequately described Relationship to patient: .....

**Reason for Referral/Level of Urgency**

(please attach copies of relevant documents as available)

Phase:  Unstable  Deteriorating  Terminal Care AKPS: ..... Please see over for referral information  
Reason for referral/ support/ Symptoms present? .....

Malignant  Non-Malignant

Diagnosis: .....

PMHx: .....

Site of metastases: .....

Current treatments/medications: .....

Other information: .....

**General Practitioner**

GP Name: ..... Practice Name: .....

Telephone: ..... If not the referrer, is the GP aware:  Yes  No

**Please Fax referral to 5454 7099** (Bendigo Health Referral Centre)

Date Received: ..... Triage Name: ..... Referral Acknowledged: .....

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CONSULTANCY SERVICE  
(LMRSPCCS)

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LMRSPCCS is a regional service providing primary and secondary consultations to patients and families. We support the most complex palliative symptoms including patients with cancer, degenerative neurological disorders, end stage chronic illness and other palliative diagnoses. The service works in collaboration with health care professionals and general practitioners across the region in order to facilitate early and appropriate referral and subsequent interventions, for patients for whom the goal of treatment is palliative.

Further Information/Guidance

**ALL referrals MUST be completed by a Registered Medical Practitioner or Nurse Practitioner**

Specialist Clinic	LMRSPCCS run MBS Palliative Care clinics available to all patients in the southern Loddon Mallee Region. Clinics currently run in Bendigo, Echuca and Swan Hill
Telehealth	LMRSPCCS have MBS run telehealth clinics available for all patients for timely access to specialist advice, symptom management and as a source of ongoing review for patients living in rural and remote areas
Home Consult	A face-to-face home consultation can be arranged by either a palliative care physician or nurse practitioner for patients who are <b>unable</b> to attend a clinic appointment
Ward Review	Where practical and available, the LMRSPCCS will make all attempts to attend a face to face consultation on the ward for all referrals. Telephone advice may be given in the interim until a clinician is able to attend
Virtual Ward Round	LMRSPCCS hold a telehealth inspired virtual ward round on Thursday mornings where any patient in a regional hospital bed can have access to a palliative care physician for symptom management/care planning and review. A referral from the treating team will need to be received no later than the Tuesday prior to the virtual ward round that week to allow time allocation and coordinate the review
Unsure/query admission	If the referrer is unsure which category the referral should go under or you are seeking advice as to whether admission might be appropriate for your patient, please tick this box and we encourage you to call <b>0438 439 078</b> to discuss with triage clinician

**LMRSPCCS operates Monday to Friday from 8.30am to 5.00pm**

Phase of care

Unstable	An urgent change in the plan of care or emergency treatment is required <b>because</b> <ul style="list-style-type: none"> <li>• Patient experiences a new problem that was not anticipated in the existing plan of care, <b>and/or</b></li> <li>• Patient experiences a rapid increase in the severity of a current problem; <b>and/or</b></li> <li>• Family/ carers circumstances change suddenly impacting on patient care.</li> </ul>
Deteriorating	The care plan is addressing anticipated needs but requires periodic review <b>because</b> <ul style="list-style-type: none"> <li>• Patients overall functional status is declining <b>and</b></li> <li>• Patient experiences a gradual worsening of existing problem <b>and/or</b></li> <li>• Patient experiences a new but anticipated problem <b>and/or</b></li> <li>• Family/carers experience gradual worsening distress that impacts on the patient care.</li> </ul>
Terminal	Death is likely within days.

**Australian Modified Karnofsky Score- AKPS**

Score	Definition	Score	Definition
100	Normal; no complaints; no evidence of disease	90	Able to carry on normal activity; minor sign of symptoms of disease
80	Normal activity with effort; some signs or symptoms of disease	70	Cares for self; unable to carry on normal activity or to do active work
60	Able to care for most needs; but requires occasional assistance	50	Considerable assistance and frequent medical care required
40	In bed more than 50% of the time	30	Almost completely bedfast
20	Totally bedfast and requiring extensive nursing care by professionals and/or family	10	Comatose or barely rousable

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