_	ODDON MALLEE REGIONAL PECIALIST PALLIATIVE CARE CONSULTANCY SERVICE (LMRSPCCS) REFERRAL FORM	Surname:       UR No:         Given Name:       DOB:         DOB:       Sex:         Address:       Home Phone:         (USE LABEL IF AVAILABLE)				
		Referrer Details				
Loddon Mallee	(ALL referrals MUST be completed by a Registered Medical Practitioner or Nurse Practitioner)					
Regional Specialist Palliative Care	Referral Date:					
Consultancy Service	Referrer's Name:	Referrer's Provider Number:				
Monday- Friday 8.00 am-4.30 pm	Organisation:	Referrer's Signature:				
Tel: (03) 5454 6262	Regio	nal Referral Location				
Fax: (03) 5454 6336		huca  Kyneton  Maryborough  Swan Hill  Other: Referral Request de most recent health summary and correspondence				
Triage Number 0438 439 078						
Manager	Specialist Clinic*					
Alison Smith		ess hours, please call <b>0438 439 078</b> or <b>5454 6262</b>				
Palliative Care		Patient Details				
Physicians	Is the patient aware of the referral: $\Box$ Yes $\Box$	] No Medicare Number:				
Dr Mark Kitching Prov No: 5005222B	Country of Birth:	Preferred Language:				
Dr Buddhika	Indigenous Status: 🗌 A 🔲 TSI 🗌 Both A&TSI 🗌 Not A or TSI 🗌 Not Clearly Stated/defined					
Mudugamuwa Prov No: 404933JA	Patients living arrangements:  Alone  with family  lives with others					
Palliative Care Physician & Medical Acupuncturist	Patient's current location:					
	Carer Availability 🛛 Has no carer Has a carer: 🗌 Co-Resident 🔲 Non-resident					
Dr Rebecca Chapman Prov No: 200218EB	Name/Relationship to patient: Contact Number:					
	Reason for Referral/Level of Urgency					
Nurse Practitioner	_	se: Unstable Deteriorating Terminal Care AKPS: Please see over for referral information				
Anita Wild Prov No: 5465591H	Reason for referral/ support/ Symptoms present?					
Joanna Lane Welsh	🗆 Malignant 🛛 Non-Malignant					
Prov No: 6027331Y	Diagnosis:					
Clinical Nurse Consultant (Non-						
Malignant)						
Angela Munro						
Palliative Care, Aged Care and Disability CNC	Current treatments/medications:					
CIIC	Other information:					
Servicing the Southern Loddon Mallee region	General Practitioner					
	GP Name:					
	Telephone:	If not the referrer, is the GP aware: $\Box$ Yes $\Box$ No				
	Please Fax referral to 5454 7	099 or ereferral@bendigohealth.org.au				

## LODDON MALLEE REGIONAL SPECIALIST PALLIATIVE CARE CONSULTANCY SERVICE (LMRSPCCS)

Surname:	. UR No:
Given Name:	
DOB:	Sex:
Address:	
Home Phone:	Mobile: IF AVAILABLE)
· · · · ·	· · · · ·

**REFERRAL FORM** 

LMRSPCCS is a regional service providing consultations to patients and families supporting the most complex palliative conditions. The primary role of the service is clinical consultation by providing assistance with complex symptom management and anticipatory care. The service works in collaboration with palliative care service providers, 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. We are also involved with coordinating/facilitating access to appropriate services including specialist community palliative care and inpatient beds across the region; education, research, quality improvement processes and collaborative strategic planning.

		Further Infor	mation/	Guidance		
	ALL referrals M			ledical 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				
Telehe	ealth			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 consultatio				
		on the ward for all referrals. Telephone advice may be given in the interim until a clinician is able to				
		attend				
Unsur	e/query admission	If the referrer is unsure which category the referral should go under or you are seeking advice as t				
		whether admission might be appropriate for your patient, please tick this box and we encourage you				
		call 0438 439 078 to discuss with	-			
	LMRS	PCCS operates Monday	to Frida	ay from 8.30am to 5.00pm		
		Phas	e of car	e		
Unstat	ble	An urgent change in the plan of care or emergency treatment is required <b>because</b>				
		• Patient experiences a new problem that was not anticipated in the existing plan of care, and/or				
		• Patient experiences a rapid increase in the severity of a current problem; and/or				
		Family/ carers circumstances change suddenly impacting on patient care.				
Deteri	orating	The care plan is addressing anticipated needs but requires periodic review because				
		Patients overall functional status is declining and				
		Patient experiences a gradual worsening of existing problem and/or				
		Patient experiences a new but anticipated problem and/or				
		Family/carers experience gradual worsening distress that impacts on the patient care.				
Termir	nal	Death is likely within days.				
	•	Australian Modified	l Karnof	sky Score- AKPS		
Score	Definition		Score	Definition		
100	Normal; no complaints	s; 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		70	Cares for self; unable to carry on normal activity or to do		
disease				active work		
60 Able to care for most		needs; but requires occasional	50	Considerable assistance and frequent medical care		
assistance				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			
© PCC		-	permitt	ed under the Copyright Act 1968, no part may be		
			•	are Outcomes Collaboration (PCOC).		