**NSW PAEDIATRIC PALLIATIVE CARE REFERRAL FORM**

**REFERRER INFORMATION**

|  |  |
| --- | --- |
| **Name:** | **Organisation/Team:** |
| **Medicare Provider #** | **Phone/Mobile:** |
| **Fax:** | **Email:** |
| **Signature:****Date:** |

**PATIENT INFORMATION**

Dear  *(please select the Specialist NSW PPC Programme service required)*

* **Dr Susan Trethewie** (Sydney Children’s Hospital, Randwick)
* **Dr Martha Mherekumombe** (The Children’s Hospital at Westmead)
* **Dr Sharon Ryan** (John Hunter Children’s Hospital, Newcastle)

I would like to refer:

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB:** | **Local MRN:** |
| **Parents/Primary Carers names:** |
| **Religion/cultural background:** |
| **Language:** | **Interpreter required?**  |
| * Yes
 | * No
 |
| **Address:** |
| **Phone:** | **Mobile:** |
| **Fax:** | **Email:** |

|  |  |
| --- | --- |
| **Reason for referral*** Introduction to service
* Symptom management
* End of life care
* Difficult decision making
* Advice for primary treating team
* Allied Health advice required
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Action Requested*** Telephone consultation for advice related to patient management
* Meet with patient and family
 |
| **Urgency of Request*** Immediate (less than 24 hours) \* P/C essential
* Non-urgent (greater than 24 hours)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the referral been discussed with the parent/carer?** | * Yes
 | * No
 |  |
| **Current location of the child:** | * Home
 | * Hospital
 | * Other
 |

**PATIENT MEDICAL INFORMATION**

|  |
| --- |
| **Primary diagnosis:** |
| **Date of diagnosis:** | **Prognosis:** * < 1 week
* 1-4 weeks
* 4-12 weeks
 | * 3-12 months
* > 12 months
 |
| **Existing co-morbidities** |
| **Other medical details** |

**TREATING TEAM INFORMATION**

|  |  |
| --- | --- |
| **GP:** | **GP contact details:** |
| **Paediatrician:** | **Paediatrician contact details:** |
| **Have any discussions about medical goals of care and /or resuscitation taken place?**  |
| * **Yes**
 | * **No**
 |
| **Explanation:**  |
| **Other community agencies involved in care:** |
| **Additional information:**  |

**Palliative Care: John Hunter Children’s Hospital, Newcastle**

**Ph.** (02) 4921 3387 **Fax:** (02) 4921 3599

**Email:** HNELHD-PaedPallCare@health.nsw.gov.au

**Palliative Care: Sydney Children’s Hospital, Randwick**

**Ph. (**02) 9382 5429 **m:** 0412 915 089 **Fax:** (02) 93825680

**Email:** SCHN-CNCPalliativeCare@health.nsw.gov.au

**Business Hours:** 8.30am-5pm (Monday – Friday)

**Palliative Care: The Children’s Hospital at Westmead**

**Ph.** (02) 9845 0000 **Fax:** (02) 9845 2111

**Email:** schn-chwppc@health.nsw.gov.au

**Business Hours:** 8.30am-5pm (Monday-Friday)

**Business Hours:** 8.30am-5pm (Monday-Friday)