



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

**RESIDENTIAL AGED CARE
SUPPORTIVE AND PALLIATIVE
CARE REFERRAL**

Completed form to be emailed (with relevant attachments) to:

NBMLHD-SupportivePalliativeCare@health.nsw.gov.au

RESIDENT DETAILS

Name: _____ Date of Birth: _____
 Facility name: _____ Phone: _____
 Male Female Other: _____ Religion: _____
 Language spoken if other than English: _____ Interpreter required? Yes No
 Cultural background: Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander
 Neither Aboriginal or Torres Strait Islander Declined to respond Not specified Unknown

REFERRER DETAILS

Name: _____ Family aware of referral? Yes No
 Designation: _____ Resident aware of referral? Yes No
 Facility name: _____ Phone: _____

GP DETAILS

Name: _____ Phone: _____ GP aware of referral? Yes No

REASON FOR REFERRAL

Physical and / or cognitive decline in last month
 Recurrent / unplanned admissions to hospital in last 6 months
 Exacerbation / complex symptoms (including but not limited to pain, breathlessness, nausea / vomiting)
 End of life care
 Support required for advance care planning case conferencing with resident / family
 Other reason for referral (please specify): _____
 Surprise question: You would not be surprised if the resident were to die in the next 6 months Yes No

DIAGNOSIS / CLINICAL INFORMATION

PLEASE ATTACH COPIES (IF AVAILABLE)

Medication chart (including PRNs) Latest discharge summary
 Recent investigations (pathology / imaging) Advance Care Planning documents

INTERVENTIONS

What interventions have already been implemented to manage any symptoms and/or distress for the resident?

	Contact	Name	Relationship	Phone
Person responsible	1			
Person responsible	2			

PALLIATIVE CARE NURSE TRIAGE USE ONLY

Priority: within 24-48 hrs <1 week 1> week



Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

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NBMR-0226