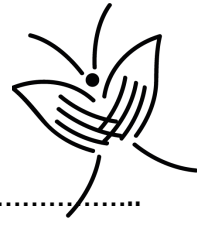




Palliative Care Patient Referral Form



Referred to: Drakenstein Palliative Hospice Attention:

E-mail: admin@drakensteinhospice.org.za Fax No: 086 611 5473 Tel No: 021 872 4060 Emergency: 082 200 4221

PERSONAL INFORMATION

Patient's Name:	M / F	Hospital Folder No:
Date of Birth:	Medical Aid:	Plan:
ID No:	Main Member:	ID No:
Postal Address:	Medical Aid Number:	ICD Code:
Street Address:	Person resp. for account:	
Directions:	Contact No:	e-mail:
Tel No:	Next of Kin:	
Cell No:	Tel No:	e-mail:
E-mail:	Relationship:	

MEDICAL INFORMATION

Diagnosis:	Past Medical History:
Date:	
Secondary Diagnosis:	
Metastasis:	Current Symptoms:
Lung	Brain
Liver	Nodes
Bone:	
Other:	

a) Surgery	YES	NO	Curative	Palliative	Description:
b) Radiotherapy	YES	NO	Curative	Palliative	Site:
c) Chemotherapy	YES	NO	Curative	Palliative	Regime:
d) Further Treatment	YES	NO	Curative	Palliative	Plan:

TB	YES	NO	Previous	Type:	Rx Date:
RVD	YES	NO	WHO Stage:	CD4:	Date:
				1st CD4:	Date:

Patient Karnovsky Scale: 1. Ambulant 2. <50% Bed Bound 3. >50% Bed Bound 4. Bed Bound

CURRENT MEDICATION

Medication	Dosage	Frequency	Medication	Dosage	Frequency
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Drug idiosyncrasies / allergies:

1

SYMPTOM MANAGEMENT REQUIRED

Pain/Symptom Management		Emotional Support		Orphans / Vulnerable Children	
Incontinence / Constipation		Social Support / Groups		Stoma Care / Support	
Neurological Needs		Spiritual Support / Counselling		ARV / TB / Meds Management	
Pressure / Wound Care		Grant Application		Information / Training needed	
Other:					

MEDICAL CONTACTS

Referring Specialist	Referring GP	Referring SW/ Nurse/family
Address:	Address:	Address:
E-mail:	E-mail:	E-mail:
Tel No:	Tel No:	Tel No:

PSYCHOSOCIAL ASPECTS

• What has the patient and immediate family been **told** about his / her illness?

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• Are there any **other home care agencies** involved in the patient's care? Who are they?

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• Does Hospice have **permission** to provide holistic homecare? YES NO

Pt/family giving permission	Signature	Date	Person obtaining permission	Signature	Date

• Is there a **special reason** for this referral / extra information?

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Completed by: Signature: Title:

Tel No: E-mail: Date: