



Regional Palliative Care Service Referral Form

Date referral sent:	Date referral acknowledged:		
C-19 Vaccinated: Dose 1 Dose 2 Dose 3	Office use only		
Direction to isolate: At Home Quarantine (hotel)	Referral made to (name of service)		

Client details		Urgent	Non-urgent
Surname:		Given names:	
Date of birth:	Sex: M F	Lives alone: Yes No	
Address:		Post code:	
Home phone:	Work:	Mobile:	
Patient location: e.g. hospital, home, town, nursing home			Religion:
Indigenous status: Ab TSI AB & TSI Other	Public	Private	DVA No Medicare
Preferred language:		Interpreter:	

Support person/Next of kin details:			
Name:		Relationship to patient:	
Address:		State:	Post code:
Home phone:	Work:	Mobile:	

Referrer details			
Name of referrer:		Contact number:	
Position/Organisation:		Ward/Unit:	Discharge date:
General Practitioner:		Contact number:	
Is the GP/Physician aware of the referral? Yes No		Supporting Documents: Yes No	

Diagnosis Details (attach relevant medical information)			
Date of Diagnosis:		Primary Diagnosis:	
Reason for referral:	Palliative care assessment Symptom management Care coordination Complex psychosocial issues	Family/carer support Terminal care Other	
COVID checks:	Clinical referral Probable case If have a GoC comfort only Confirmed case C-19 and dying or likely to die within 7 days	Other information:	

Consent			
Is the patient aware of diagnosis? Yes No	Has the patient consented to referral? Yes No		
Is the carer/family aware of the referral?		Yes	No
Does the patient have an Advance Care Directive or GoC?		Yes	No AHD GoC
Is there an Enduring Power of Guardianship?		Yes	No Unsure

Please forward referral to Regional Palliative Care Service:				
	Email	Fax number	Telephone	Mobile
Goldfields	goldfieldspalliativecare@health.wa.gov.au	9080 5865	9080 5290	0429 233 403
Great Southern	gs.palliativecare@health.wa.gov.au	9892 2580	9892 2380	0429 379 145
Kimberley	Kimberley.PalliativeCareService@health.wa.gov.au	9194 2899	9194 2325	0439 752 223
Midwest	Midwest_palliativecare@health.wa.gov.au	9956 8747	9956 2431	0407 949 040
Pilbara	WACHS-Pilbara.palliativecare@health.wa.gov.au	9144 7788	9144 7516	0459 951 977
South West	wachs-sw-palliativecare@health.wa.gov.au	9781 4052	9781 4042	0409 026 085
Wheatbelt	wheatbelt.palliativecare@health.wa.gov.au	9690 1601	9690 1686	0408 399 016