Government of **Western Australia**
WA Country Health Service

Regional Palliative Care Service Referral Form

Date referral sent ☐ Urgent ☐ Non-urgent	**Date referral acknowledged** Office use only
Referral made to (name of service)	

Client details

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 ☐ Care coordination ☐ Family/carer support
☐ Symptom management ☐ Complex pychosocial issues ☐ Terminal care
☐ Other

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 Health Directive and/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	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	9194 2282	9144 7951	0457 537 227
South West	wachs-swpalliativecare@health.wa.gov.au	9781 4052	9781 4042	0459 492 506
Wheatbelt	wheatbelt.palliativecare@health.wa.gov.au	9690 1601	9690 1686	0408 399 016

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