

Admission date:	Discharge date:
PC referral date:	Re-admission date:
PC assessment date:	Date of death:
Referring ward	Place of death:
Consent to be part of database? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> unable Reason:
Referring doctor:	Responsible pc member:
Doctor's mobile no.:	PC member's mobile no.:
Doctor's email:	PC member's email:

**PATIENT INFORMATION** (place sticker or complete information)

Folder number:	Date of birth:	
Surname:	Contact number:	
First name:	Home language: <input type="text"/>	Gender: <input type="text"/>
Address: <input type="text"/>		

**NEXT OF KIN INFORMATION** (please complete as detailed as possible)

Folder number:	Relation to patient
Contact no 1:	Contact no 2:
Physical address: <input type="text"/>	

**Referral location:**

- Surgery     OB/Gynae     Orthopaedics     Trauma     ICU     ED  
 Medical     Renal clinic     Medical Outpatient     Surgery outpatient     Oncology     Other \_\_\_\_\_

**Reasons for referral:**

- Pain management     Other symptom management     Home base care     Syringe driver     BBN  
 Transfer to other facility     Counselling for patient/family     Education     Hospice referral/discussion  
 Other: \_\_\_\_\_

**Primary diagnoses:**

- Cancer (solid tumour) \_\_\_\_\_     Vascular     Infectious/TB/HIV     Haematology     Frailty  
 Neurologic/stroke     Hepatic     Cardiovascular     Trauma  
 Progressive neurological conditions     Pulmonary     Renal     Dementia  
 Other: \_\_\_\_\_

**History:**


**ECOG performance status:**  1 (mobile)     2     3     Fully Bedbound

Mental status:  Orientated     Confused     Unconscious     Fluctuating GCS

Patient understanding diagnosis  yes     no    Understanding prognosis  yes     no

Family informed  yes     no

**Symptom/Needs Assessment**

Needs / Symptoms	Not screened	Negative	Positive	Grade (Scale)	Action Taken
Pain					
Non-pain symptoms					
Psychological needs					
Social					
Economic					
Spiritual					
Family support					

Scale Key: None: 0    Mild: 1    Moderate: 2    Severe: 3    Not assessed: 7    Unable to rate: 9

PC Team's Contact Person:

PC Team's Contact number:

Contact email:

