Western Cape Government
Health

Adult Form

Referral for Palliative Care Assessment

Purposeful, Planned, Positive
PALLIATIVE CARE

DATE OF REFERRAL:	REFERRING HOSPITAL AND WARD:	
REFERRING DOCTOR:	TEL NO.:	
DOCTOR'S MOBILE NO.:	DOCTOR'S EMAIL:	
PATIENT INFORMATION (place sticker or complete information)		
FOLDER NUMBER:	DATE OF BIRTH:	
SURNAME:	CONTACT NUMBER:	
FIRST NAME:	HOME LANGUAGE:	GENDER:
ADDRESS:		

PATIENT DIAGNOSIS:

Has the patient and family been informed of diagnosis?

REASON FOR REFERRAL AND PC PLANS TO DATE:

PALLIATIVE CARE REFERRAL CRITERIA (please tick appropriate box)

1. **Would you NOT be surprised if this patient dies within the next 6 months to a year?** **Yes** ☐ **No** ☐
2. **What is the patient's current functional status?** **Bedbound** ☐ **Require assistance** ☐ **Fully mobile** ☐
3. **Does the patient meet the criteria below?** **Yes** ☐ **No** ☐

CONDITIION	CRITERIA	YES (please tick if present)
Cancer	• Stage IV malignancy (Metastatic) • Not for (further) definitive treatment • Spends >50% of time in bed /bedridden	
Heart / vascular disease	• Symptoms despite maximal medical therapy • Disabling shortness of breath at rest (NYHA Class IV) • ≥ 5 Admissions in past 6 months • Other associated organ involvement • Severe inoperable peripheral vascular disease	
Respiratory disease	• Disabling shortness of breath at rest (NYHA Class IV) • ≥ 5 Admissions in past 6 months	
Renal failure	• End stage renal disease (GFR <15ml/min) • Not suitable /declined for dialysis	
Neurological disease / stroke	• Severely disabling • Progressive functional decline • Severe dysphagia • Recurrent fever and sepsis	
Liver disease	• Advanced cirrhosis with additional complications (resistant ascites, encephalopathy, recurrent variceal bleeds, heptorenal syndrome)	
Frailty / Dementia	• Significant functional impairment • Unable to do ADLs • Incontinence • Recurrent infections • Fractured femur or multiple falls	
HIV/AIDS	• Stage 3 or 4 disease with dementia • Severe cachexia • Neoplasm, failure or HAART	
Other	Please specify	

PC Team's Contact Person:

PC Team's Contact number: Contact email: