Eer 'n lewe | Honour a life

THE TYGERBERG HOSPICE TRUST

NPO No: 005/336NPO | PBO No: 930000611 | Practice No. 7900287 | Reg. No: IT5297/97 | VAT No: 4560272132

CONFIDENTIAL MEDICAL REFERRAL

A. PATIENTS PERSONAL INFORMATION

Name: _____ Surname: _____

Address: _____

ID No: _____ DOB: _____

Tel: _____ Cell: _____ E-mail: _____

Hospital Name: _____ Hospital Number: _____

B. INITIAL DIAGNOSIS

Disease: _____ Date: MM/YYYY _____

Stage: T ☐ N ☐ M ☐ Other: ☐

Diagnosis confirmed by:

Histology (Specify) _____

Radiology (Specify) _____

Tumor Markers (Specify) _____

C. CURRENT DISEASE STATUS AT DATE OF REFERRAL

☐ Early Curable/ Controllable ☐ Advanced Treatable ☐ Advanced Untreatable

Date: (DD/MM/YYYY) _____

Explain above status (Interventions): _____

_____

C. CURRENT DISEASE STATUS AT DATE OF REFERRAL (CONTINUED)

Pain: YES / NO Site/s: _____

Drug Idiosyncracies If any: _____

Performance Status: (Please Circle)

(0)– Normal

(1)– Symptomatic ambulatory

(2)– in bed < 50% of time

(3)– in bed > 50% of time

(4)- bedridden

Other Severe Symptoms:

_____

REASON FOR REFERRAL: _____

_____

D. ETHICAL ISSUES

Doctors Consent (Hospice staff may visit/phone the patient? Yes ☐ No ☐

What have the Patient and family been told about the illness?

Diagnosis ☐ Prognosis ☐ Further Treatment ☐

Any relevant details: _____

_____

_____

E. DOCTOR

Name: _____ Surname: _____

Institution: _____ Department: _____

Tel: _____ Cell: _____

Fax: _____

Email: _____

Signature: _____ Date: DD/MM/YYYY _____

Return forms via e-mail to **reception@tygerberghospice.org** or via fax to **086 737 2761**