Toowoomba Hospice Association Inc.
57b O'Quinn Street, Harristown
PO Box 6463, Clifford Gardens, Qld, 4350
Telephone: 07 4659 8500
Fax: 07 4659 8511
Email: director@toowoombahospice.org.au
Website: www.toowoombahospice.org.au

Surname: _____
Given Names: _____
Date of Birth: _____
Date of Admission: _____
U.R. No.: _____

TOOWOOMBA HOSPICE REFERRAL/PRE-ADMISSION FORM

Hospice Referral Date:	____ / ____ / 20____	**Hospital Admission Date:**	____ / ____ / 20____

Client Details (Complete All Fields where Possible and Print Clearly)

Surname:		Title:	Marital Status:
Given Names:		Preferred Name:	Gender:
Date of Birth:		Country of Birth:	Language:
Home Address:			Postcode:
Home Phone:	Religion:		AB/TI/SSI Descent: Yes / No
Medicare No:	Expiry:	Pension No:	
Private Health Fund / DVA:		Member No:	DVA Gold Card: Yes/No
Reason for Referral	Palliative Care	Respite	ACAT Assessment: Yes / No	Date:

Has the Client been referred to the Palliative Care Funding Scheme: Yes / No
If not referred please send a referral to Palliative Outreach at Toowoomba Hospital

Current Place of Care (if not home):

Contact Person:	Contact Phone:

Next of Kin / Contact Person

Name:	Relationship:	EPOA : Yes / No
Home Address:		Postcode:
Phone H:	Mobile:	Other:

Medical / Nurse Practitioner Details

Name:	GP / Specialist:	Aware of referral : Yes / No
Practice Name:		Credentials for Hospice: Yes / No
Phone:	Mobile:	Fax:

Medical Information

Primary Site(s) of Cancer / Disease Diagnosis:				
Known Metastatic Sites:			Date of Diagnosis:	
Advanced Health Care Planning: AHD ☐ ARP ☐ SOC ☐ EPOA ☐ Funeral Director ☐			Date:	
Recent Surgery ☐	Radiotherapy ☐ Date: ____ / ____ / 20____		Transfusion ☐ Date: ____ / ____ / 20____	
Chemotherapy	Cytotoxic Precautions: Yes / No		End Date	
Other Relevant Diagnoses / Medical Information				
Allergies	Pain		Nausea / Vomiting	
Dyspnoea	Oxygen		Concentrator	
Infectious Status: Yes / No / Unknown	Airborne Disease	VRE	MRSA	Other
Pacemaker / Implanted Device				

Family Name:	Given Names:

Nursing Management

PCOC	Phase:	Stable	Unstable	Deteriorating	Terminal
	RUG Score (4-18)			AKPS/Karnofsky (10-100)	
Weight	Kg	Falls Risk	Low	Medium	High
Mobility	Ambulant	Assist	X No of people	Mobility Aid	Type
	Stand/Transfer	Hoist	Bedfast		
Hygiene	Shower	Sponge	Assist		
Nutrition	Full / Special	Soft	Vitamised	Fluids	Assist
Elimination	**Urine**	Continent: Y / N	Bowels	Continent: Y / N	Date Last Opened
Aids / Devices			Current Regime		Constipated
Pressure Care	Needs assistance to turn Yes /No	Pressure Area(s)		Stage	Wound Plan Y/N
Mental Status	Alert	Drowsy	Unresponsive	Depressed	Anxious
	Dementia	Agitation	Restlessness	Confused	Wandering
	Verbal Aggression	Physical Aggression	Non-compliance		

Wound Care	Site(s)	Please provide current Wound Care Plan
Smoking	Toowoomba Hospice is a **NON-SMOKING** facility in line with QLD Gov laws: Smoking is banned at all Queensland public and private hospitals and health facilities, and for five metres beyond their boundaries. Clients and their visitors must comply with this to meet referral criteria.	
Smoking: Yes / No	If **Yes** state what **Quit** smoking programs have been implemented.	**Quit smoking program:**

Other Information:

Social Situation:

Allied Health:

Community Service	Blue care	Ozcare	Other
Safety Concerns:	History drug abuse or family violence	Bariatric	Wandering Dementia

Referral Person:	**Phone:**
Referring Agency:	**Fax:**
Signature:	**Referral Date:**

Is the Client ready for admission at the date of this referral: Yes / No

Hospice Office Use Only	To be completed by Director of Nursing / Clinical Nurse	
Date referral received		Response
Pre-admission interview	Date	Time
Date ready for admission	PCOC Referral	Date of admission
Outcome/Progress		
GP credentials for Hospice		
Risk Identification		
Severe disturbance		
Expectation of Resuscitation / Curative Treatment		
Facility limitations	Specialist staff / Staff resources	Manual handling / Security
Life expectancy > 3 months		
Criteria for admission met: Yes / No	Sign:	Date:
Recent travel alert		