

Palliative care supplementary information

Purpose: to assist workers/practitioners to communicate additional information required for palliative care referrals.

Consumer

Name: _____

Date of Birth: dd/mm/yyyy / /

Sex: _____

UR Number: _____

or affix label here

Referral

Referral type

- ☐ To community based service
- ☐ To inpatient service, for admission
- ☐ To inpatient service, for respite

Inpatient details

Name of hospital/facility: _____

Is the consumer an Inpatient? ☐ Yes ☐ No

Ward/Clinic: _____

Reason for admission: _____

Expected discharge date: dd/mm/yyyy / /

Specialist details:

1. Name: _____

Profession/specialty: _____

Hospital/clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact details for medical consultant

Name: _____

Phone: _____

2. Name: _____

Profession/specialty: _____

Hospital/clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact details for medical consultant

Name: _____

Phone: _____

Additional medical history/treatment

Primary diagnosis (include histology if applicable):

Date of primary diagnosis
dd/mm/yyyy / /

Secondary diagnosis:

Date of secondary diagnosis
dd/mm/yyyy / /

Additional medical history

(attach relevant imaging, blood test results, medication list etc)

Karnofsky (Australian) performance score:

Date completed (dd/mm/yyyy): / /

- ☐ 100 Normal; no complaints; no evidence of disease
- ☐ 90 Able to carry on normal activity; minor signs or symptoms
- ☐ 80 Normal activity with effort; some signs of symptoms of disease
- ☐ 70 Cares for self; unable to carry on normal activity or to do active work
- ☐ 60 Requires occasional assistance but is able to care for most of needs
- ☐ 50 Requires considerable assistance and frequent medical care
- ☐ 40 In bed more than 50% of time
- ☐ 30 Almost completely bedfast
- ☐ 20 Totally bedfast and requiring extensive nursing care by professionals and/or family
- ☐ 10 Comatose or barely rousable

Key symptom issues

- ☐ Pain ☐ Tiredness ☐ Nausea ☐ Depression ☐ Anxiety ☐ Shortness of breath
- ☐ Drowsiness ☐ Appetite ☐ Wellbeing ☐ Constipation ☐ Diarrhoea ☐ Other: _____

Produced by the Victorian Department of Health, 2025

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Additional medical history/treatment (cont.)

Current and planned treatment (including treatment regimens/plans if applicable, information about upcoming appointments and information about how much medication the patient is discharged home with)

Advance Care Planning

Does the consumer have an Advance Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown If yes, where is it kept?
Does this include a Refusal of Treatment Certificate or other documentation limiting treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown
Does the consumer have a nominated substitute decision maker (enduring power of attorney medical treatment) in relation to medical decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown If yes, name of substitute decision maker?

Consumer/family awareness of diagnosis and prognosis

Consumer awareness

Diagnosis ☐ Yes ☐ No

Comments:

Prognosis ☐ Yes ☐ No

Comments:

Family/carer awareness

Diagnosis ☐ Yes ☐ No

Comments (specify individual family member/carer awareness and any related issues):

Prognosis ☐ Yes ☐ No

Comments (specify individual family member/carer awareness and any related issues):

Multidisciplinary assessments

Have any relevant assessments been carried out

(eg aged care, physiotherapy, occupational therapy, social work, volunteer or other)?

☐ Yes ☐ No

Assessment	Assessor name	Assessor phone number	Notes
eg aged care			

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Nursing care

(eg peg feed, nasogastric tube in situ, tracheostomy, home oxygen):

Psychological and spiritual issues

Psychological/current family/carers issues

(eg family and personal relationships, previous losses, family problems, concurrent life crises):

Cultural, religious and spiritual considerations

Other

Include/attach any other relevant information

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