

REFERRAL TO HOSPICE SOUTHLAND

Email to: referrals@hospicesouthland.org.nz or Fax 03 211 3082

Electronic referrals can also be made online at www.hospicesouthland.org.nz

ALL FIELDS IN BOLD MUST BE COMPLETED

Hospice Southland
PO Box 7020
Invercargill
Phone: 03 211 3081

Patient Name:	Urgency: (please tick)
Address:	<input type="checkbox"/> Urgent – within 24-48 hours (weekdays)
	<input type="checkbox"/> Non-urgent – within five working days.
Address on Discharge: (if different to above)	Consent:
Phone No:	Patient consents to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
NHI No:	Patient aware of diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Family is aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
GP Name/Address:	Next of Kin: (if known)
	Name:
	Address
GP Phone No:	Phone No:
GP is aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to patient:
Diagnosis:	
Date of diagnosis:	
Relevant Medical History: (including allergies)	
Resuscitation Status: <input type="checkbox"/> NFR <input type="checkbox"/> For Resuscitation <input type="checkbox"/> Not discussed	
Reason For Referral/Specialist Palliative Care Need: (select all appropriate)	
<input type="checkbox"/> Symptom management (please specify):	
<input type="checkbox"/> Psycho social	
<input type="checkbox"/> Spiritual support	
<input type="checkbox"/> Care at end of life	
<input type="checkbox"/> Support of the carer	
Services Currently Involved:	
Medical specialities: <input type="checkbox"/> Oncology <input type="checkbox"/> Surgical <input type="checkbox"/> Medical <input type="checkbox"/> Older Persons Health	
Other services: <input type="checkbox"/> District Nurses <input type="checkbox"/> Cancer Society <input type="checkbox"/> Home help	
<input type="checkbox"/> Other (please specify)	
Please Attach Supporting Information:	
<ul style="list-style-type: none"> • Current medication list, including dose and frequency • Relevant radiology reports/blood test results 	<ul style="list-style-type: none"> • Documentation confirming diagnosis • Recent clinic letters/relevant correspondence
Signature:	Name of Referrer (print name)
Designation:	Date:
Contact Telephone Number:	
Palliative Care Nurse Specialist Only – Name of initial referrer:	

THIS REFERRAL CANNOT BE ACTIONED BY OUR TEAM IF:
1. The patient is not aware of the referral
2. There is insufficient supporting information

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Guidelines for referral to Hospice Southland Palliative Care Services

Specialist palliative care services at Hospice Southland are coordinated by a multidisciplinary team that works alongside and in partnership with the patient, family and community health providers. Palliative Care embraces the physical, social, emotional and spiritual elements of wellbeing and enhances a person's quality of life.

Who can be referred?

The patient who:

- Has active, progressive, advanced disease for whom prognosis is limited, and the focus of care is quality of life.
- Has an extraordinary level of need and examples of this include:
 - Uncontrolled or complicated symptoms;
 - Specialized nursing requirements relating to mobility, functioning or self-care;
 - Emotional or behavioural difficulties related to the illness, such as uncontrolled anxiety or depression;
 - Concern or distress involving children, family or carers, physical and human environment (including home or hospital), finance, communication or learning disability.
- Agrees to the referral if competent to do so (or an advocate agrees on their behalf).
- Is resident within Southland and Wakatipu region.

Referrals can be made for:

- Assessment of an individual's palliative care needs
- Symptom assessment, advice and management (outpatient appointment, home visit or inpatient admission)
- Psychosocial and spiritual support
- End of life care and support to patient and family

Specialist Palliative Care is largely inappropriate for:

- Patients with chronic stable disease or disability with a life expectancy of several years.
- Patients with chronic pain problems not associated with progressive terminal disease.
- Competent patients who decline referral.
- Patients who are unaware of their underlying disease.
- Those patients whose problems are principally psychological and need specialist psychiatric referral, whether or not they have declined such help.

To allow efficient processing of referral we require (by e-mail or fax):

- Referral form
- Documentation confirming diagnosis
- Current medication list, including dose and frequency
- Relevant correspondence / radiology reports / blood test results

**PLEASE EXPECT AN ACKNOWLEDGMENT OF YOUR REFERRAL
WITHIN 2 BUSINESS DAYS**