

PATIENT REFERRAL FORM

URGENT NON-URGENT

Tel: 021 200 5873 Email: referrals@paedspal.org.za

DATE OF REFERRAL:	REFERRING HOSPITAL AND WARD:	
REFERRING DOCTOR:	TEL NO.:	
DOCTOR'S MOBILE NO.:	DOCTOR'S EMAIL:	
PATIENT INFORMATION		
HOSPITAL NUMBER:	DATE OF BIRTH:	
SURNAME:	FIRST NAME:	
FIRST NAME:	HOME LANGUAGE:	GENDER:
ADDRESS:		
PRIMARY CARE GIVER'S NAME:	CONTACT NUMBER:	

PATIENT NEEDS (please circle)	Symptom control	Medical counselling	Prognostic counselling	Child counselling	Caregiver counselling	Family counselling	Bereavement support
		OT	Aromatherapy	Home visit	Step down /Hospice	Community support	MDT

PRIMARY AND SECONDARY DIAGNOSES: (Please indicate dates of diagnosis if possible)					COMPLICATIONS/OTHER PROBLEMS: (Including social)				
<input type="checkbox"/> Please tick if diagnosis is not established/sure									
ACT 0	ACT I	ACT II	ACT III	ACT IV	Liver fx	Normal	Dysfx	Failure	Not known
					Renal fx	Normal	Dysfx	Failure	Not known

STAGE OF DISEASE (please tick): Early Middle Advanced Pre-terminal Unsure

DISEASE MODIFYING TREATMENTS (e.g. HAART)	PAIN AND SYMPTOM CONTROL DRUGS

SYMPTOM REVIEW: tick if present Pain: <input type="checkbox"/> Scale used: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>FLACC</td><td></td></tr> <tr><td>FACES</td><td></td></tr> <tr><td>NIPS</td><td></td></tr> <tr><td>ELAND</td><td></td></tr> </table>	FLACC		FACES		NIPS		ELAND		SYMPTOMS OTHER THAN PAIN: Please list
FLACC									
FACES									
NIPS									
ELAND									

CHILD'S UNDERSTANDING OF ILLNESS:	PARENT/CAREGIVER'S UNDERSTANDING OF ILLNESS:

INTERVENTION LEVEL: Undecided <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	RESUSCITATION STATUS:
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CATEGORISATIONS AND ABBREVIATIONS USED IN THE FORM:

ACT CLASSIFICATION

ACT = Association for Children with Life Threatening Conditions (based in the UK).

- Proposed grouping system for life limiting and life threatening illnesses of childhood that would benefit from palliative care
- Similar diseases grouped together
- Grouping is largely based on different disease trajectories (pathways) which helps with care planning

ACT I: Life threatening conditions for which curative treatments are feasible but can fail, e.g. ALL, organ failure. (Mostly level 3 RXH).

ACT II: Conditions where premature death is inevitable, but where there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities, e.g. HIV/AIDS on antiretrovirals cystic fibrosis. (Intervention based on QOL).

ACT III: Progressive conditions without curative treatment options, where treatment is exclusively palliative and may extend over many years, e.g. many syndromes, inborn errors of metabolism. (Intervention level based on QOL and resource availability: usually 1-2).

ACT IV: Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death, e.g. severe cerebral palsy, spinal cord insult. (intervention level based on QOL).

ACT 0: Not really palliative care patient.

QOL: Quality of life

PAIN SCALES:

Please see pain scales available in wards

SYMPTOMS OTHER THAN PAIN:

Any symptom other than pain that may be a source of distress e.g.: constipation, anxiety, dyspnoea etc

ABBREVIATIONS:

MDT = Multidisciplinary Team Meeting needed disciplines to coordinate care and/or make decisions.

ACP = Advance Care Plan (please refer to ACP template doc)