



PATIENT REFERRAL FORM

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URGENT

NON-URGENT

DATE OF REFERRAL:	REFERRING HOSPITAL:
REFERRING DOCTOR:	REFERRING DEPARTMENT/SPECIALITY:
DOCTOR'S MOBILE NO.:	WARD:
DOCTOR'S EMAIL:	WARD TEL NO.:

PATIENT INFORMATION

HOSPITAL NUMBER:	DATE OF BIRTH:	
SURNAME:	CHILD'S RACE:	GENDER:
FIRST NAME:	HOME LANGUAGE:	
ADDRESS:		
PRIMARY CAREGIVER'S NAME:		CONTACT NUMBER:
RELATIONSHIP TO PATIENT:		ALT CONTACT NUMBER:

PATIENT NEEDS (please circle)

Symptom control	Ethics Review	End of life care	Bereavement support	Medical counselling	Family counselling	Music Therapy	Aromatherapy	Art Therapy
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PRIMARY AND SECONDARY DIAGNOSES:	COMPLICATIONS/OTHER PROBLEMS: (Including social)															
<input type="checkbox"/> Please tick if diagnosis is not established/sure <table border="1"> <tr> <td>ACT 0</td> <td>ACT I</td> <td>ACT II</td> <td>ACT III</td> <td>ACT IV</td> </tr> </table>	ACT 0	ACT I	ACT II	ACT III	ACT IV	<table border="1"> <tr> <td>Liver fx</td> <td>Normal</td> <td>Dysfx</td> <td>Failure</td> <td>Not known</td> </tr> <tr> <td>Renal fx</td> <td>Normal</td> <td>Dysfx</td> <td>Failure</td> <td>Not known</td> </tr> </table>	Liver fx	Normal	Dysfx	Failure	Not known	Renal fx	Normal	Dysfx	Failure	Not known
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
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SYMPTOM REVIEW: tick if present Pain: <input type="checkbox"/> Scale used: <table border="1"> <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> Score: <input type="checkbox"/>	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:
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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)

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