

Date:



Attach Bradma label here

REFERRAL

Grampians Regional Palliative Care Team Referral from community agencies

Reason for referral – you may tick more than one box

<input type="checkbox"/> Complex Symptom Management	<input type="checkbox"/> Complex Pain Management	<input type="checkbox"/> Complex End Stage Care
<input type="checkbox"/> Assessment for Admission to Gandarra	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Other (please specify)

Please indicate level of urgency

- As soon as possible (within 24hrs)
- Urgent (within 2 business days)
- Routine
- Malignant
- Non Malignant

Diagnosis:

Current symptoms/treatment

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.....

GP contacted & permission given for GRPCT referral

Patient Living Arrangements: Lives alone Lives with family Lives with others Not stated


Accommodation: Home Residential care – HLC Residential care – LLC SRS Other

Patient sex:

Name of Referrer & Contact Number:

Regional Location: Ballarat Ararat Horsham Bacchus Marsh

Attach any additional documentation (Listen Up, medical letters, pathology/radiology)



Referrals should be faxed to the
Grampians Regional Palliative Care Team via Central Intake on 5320 3893

GRPCT Pager: please phone 03 5320 4000 and page Number 4607