

Monday to Friday 8am - 4pm

Phone: 9217 1777

**FAX: 9217 1788**

Email: [MPaCCS@bethesda.asn.au](mailto:MPaCCS@bethesda.asn.au)

Internet (access referral forms):

[www.bethesda.asn.au/mpaccs](http://www.bethesda.asn.au/mpaccs)

Name of patient: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Name of facility: \_\_\_\_\_

Facility phone number: \_\_\_\_\_

Facility locality:  North  South

Priority of this referral is:  Within 1-2 days  Within 5 days  More than 5 days

**Remember MPaCCS IS NOT AN EMERGENCY SERVICE**

Date client will be discharged from hospital: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Client aware of referral?  Yes  No

Referring hospital/facility: \_\_\_\_\_

Family aware of referral?  Yes  No

Ward/unit: \_\_\_\_\_

Client aware of diagnosis & prognosis?  Yes  No

Referred by: \_\_\_\_\_

If No, why not? \_\_\_\_\_

Position: \_\_\_\_\_

GP aware of referral?  Yes  No

Other palliative care service involved? (please name): \_\_\_\_\_

GP name: \_\_\_\_\_

GP phone: \_\_\_\_\_ Fax: \_\_\_\_\_

GP RETAINS CLINICAL RESPONSIBILITY FOR PATIENT

Diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Primary reason for referral:  symptom management  social work support  care planning  family support

Other reasons for referral: \_\_\_\_\_

History (please include  current medication chart,  recent hospital discharge summary,  advance care plan): \_\_\_\_\_

Key issues:  pain  other symptoms (please specify): \_\_\_\_\_

Interpreter required?  Yes  No Language: \_\_\_\_\_

Have you discussed the patient's treatment wishes?  Yes  No

(ie client and family/carer understanding of palliative care, including NFR, antibiotics, transfusions, radiotherapy etc)

Who is the patient's health/medical decision maker?  Patient  Public Advocate  Other:

- MPaCCS is a mobile specialist palliative care team staffed by specialist doctors, nurses & social workers.
- We provide expert palliative consultation and advisory/educational support to doctors, nurses and allied health staff to assist with care for their patients/residents with palliative care needs.
- Referrals are accepted from any medical and nursing staff at metropolitan hospitals, mental health and disability services, Department of Corrective Services and residential aged care facilities.
- The Supportive and Palliative Care Indicators Tool at [www.spict.org.uk](http://www.spict.org.uk) can help you identify residents who need a palliative care referral.

**An MPaCCS nurse will call you promptly to triage your referral.**

**MPaCCS IS NOT AN EMERGENCY SERVICE – AFTER HOURS/WEEKEND CASES CALL 1300 55 86 55**

MPaCCS is managed by Bethesda Healthcare and funded by the WA Department of Health's Cancer and Palliative Care Network.