

Peninsula Health

**REFERRAL
SUPPORTIVE AND
PALLIATIVE CARE CLINIC**

UR NUMBER
SURNAME
GIVEN NAMES
DATE OF BIRTH Gender
Please fill in if no Patient Label available **App 30/4/18 Print Code:17508**

**Inclusion Criteria: Patient is known to have a life limiting incurable illness and has palliative care needs.
The referring health practitioner has explained the role of Supportive and Palliative Care.**
**Exclusion Criteria: Patient / family has not provided consent.
Unable to attend the clinic or has transport issues.
Receiving MND outpatient care.**

Referral to: Dr Sandeep Bhagat

Provider number: 2402632T

Referred by:

GP / Clinician name: Date of Referral:/...../.....

Clinic & address:

Telephone No: Provider No:

Signature: Date:/...../.....

Patient Details:

Name:

Address:

Date of Birth:/...../..... Telephone: Mobile:

Medicare No:

Next of kin details:

Reason for referral: (include medical history, allergies, current medications, relevant results, presenting symptoms, working diagnosis, purpose of referral, current/previous management of condition)

Goals of Care:

Please FAX completed referral and any relevant investigation reports to: 9788 1879

Mail: Supportive & Palliative Care Clinic, Frankston Hospital Outpatients, PO Box 52 Frankston 3199

Outpatient Office Use Only:

Received on:/...../..... Triaged by:

Clinic required: Date:/...../.....

Clinic appointment booked: Date:/...../..... Time:

Patient notified by: Phone Mail

Notified and processed by:

Comments:

Clinic Location:
Frankston Integrated Health Centre,
Hastings Road,
Frankston 3199
Phone: 9784 2600
Friday 0900 – 1130



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MR/351201