

Client/Patient Name:

1. After assessment by the nurse, GP or care coordinator consider:

Can this client/patient's and their family/carer's palliative care needs be met at present by the GP and the current support systems in place?

Yes No

If 'No', consider what additional support is needed (see questions 2. and 3. below)

2. Are any of the following support or referrals required?

Practical support (eg. Meals on Wheels, equipment, assistance in the home – shopping, domestic help, transport, personal care):

Yes No

Community nurse:

Yes No

Counsellor or Psychologist:

Yes No

Social worker:

Yes No

Physiotherapist:

Yes No

Occupational therapist:

Yes No

My Aged Care myagedcare.gov.au:

Yes No

National Disability Insurance Scheme (NDIS):

Yes No

My Aged Care myagedcare.gov.au:

Yes No

Geriatric Services:

Yes No

Community Visitor Scheme:

Yes No

Dementia Support Australia dementia.com.au:

Yes No

Other medical specialist:

Yes No

Other services:

Yes No

3. Is referral to a specialist palliative care service required?

Yes No

Consider referral to specialist palliative care service for either a one-off assessment or ongoing care, if at least one of the following is present:

- Unresolved physical symptoms
- Unresolved psychological symptoms or existential/spiritual distress
- Unresolved carer/family distress
- Anticipated difficulties with end-of-life planning or care in the coming months
- Likely to require, or a preference for, terminal care in a specialist palliative care inpatient unit in the coming months

If referral to specialist palliative care is required:

- information about services available in your local area can be found at palliativecare.org.au/directory-of-services/
- communication tips for discussing referral to specialist palliative care teams with patients/clients/families are shown in the Advance Project Toolkit, which is available from theadvanceproject.com.au

4. When does the client/patient and/or carer next need:

- GP follow up: _____
- Nurse follow up: _____
- Case review: _____

Completed by:

Date: