

DATE OF REFERRAL:		REFERRING HOSPITAL AND WARD:	
REFERRING DOCTOR:		TEL NO.:	
DOCTOR'S MOBILE:		DOCTOR'S EMAIL:	
DOCTOR'S SIGNATURE:			
PATIENT INFORMATION (place sticker or complete information)			
FOLDER NUMBER:		DATE OF BIRTH:	
SURNAME:		CELL and HOME NUMBER:	
FIRST NAME:		HOME LANGUAGE:	GENDER:
ADDRESS:			
PATIENT ID #:	MEDICAL AID:	MED AID NUMBER:	
NEXT OF KIN INFORMATION			
SURNAME:		RELATIONSHIP TO PATIENT:	
FIRST NAME:		CELL and HOME NUMBER:	
ADDRESS:			
NEXT OF KIN ID #:		EMAIL ADDRESS:	

PATIENT DIAGNOSIS:			
Has the patient and family been informed of the diagnosis?			
REASON FOR REFERRAL AND PC PLANS TO DATE:			
Is the patient and family aware of the referral to St Bernard's Hospice and Palliative Care? YES ☐ NO ☐			
SIGNATURE OF PERSON CONSENTING TO BE REFERRED TO ST BERNARD'S			
MEDICATION THE PATIENT IS ON:		Dosage:	Starting Date:

PALLIATIVE CARE REFERRAL CRITERIA (please tick appropriate box)		
1. Would you NOT be surprised if this patient dies within the next 6 months to a year?		YES ☐ NO ☐
2. What is the patient's current functional status?		Bedbound ☐ Require assistance ☐ Fully mobile ☐
3. Does the patient meet the criteria below?		YES ☐ NO ☐
CONDITION	CRITERIA	YES (please tick if present)
Cancer	- Stage IV malignancy (Metastatic) - Not for (further) definitive treatment - Spends >50% of time in bed / bedridden	
Heart / Vascular disease	- Symptoms despite maximal medical therapy - Disabling shortness of breath at rest (NYHA Class IV) ≥ 5 Admissions in past 6 months - Other associated organ involvement - Severe inoperable peripheral vascular disease	
Respiratory failure	- Disabling shortness of breath at rest (NYHA Class IV) ≥ Admissions in past 6 months	
Renal failure	- End stage renal disease (GFR <15ml / min) - Not suitable / declined for dialysis	
Neurological disease / stroke	- Severely disabling - Progressive functional decline - Severe dysphagia - Recurrent fever and sepsis	
Liver disease	Advanced cirrhosis with additional complications (resistant ascites, encephalopathy, recurrent variceal bleeds, hepatorenal syndrome)	
Frailty / Dementia	- Significant functional impairment - Unable to do ADLs - Incontinence - Recurrent infections - Fractured femur or multiple falls	
HIV / AIDS	- Stage 3 or 4 disease with dementia - Severe cachexia - Neoplasm, failure or HAART	
Other	Please specify:	