

**CALVARY PUBLIC HOSPITAL BRUCE
CLARE HOLLAND HOUSE
CH-1441**

**ADMISSION TO
INPATIENT CARE UNIT**

ATTACH PATIENT LABEL

Unit Record Number:

Family Name: _____

Given Names: _____

Date of Birth:

Age: Gender:

Referrers Name: Designation:

Organization: Phone:

Sign: Fax:

Provider Number: **(Mandatory)** Date:

A Discharge Summary is required for patients referred from another Health Facility: (Attached)

Patient Details

Title:	First Name:	Last Name:	
URN:			
Address:			
Patient's Phone No's:			
H:	W:	M:	
M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth:	Age: Religion:
Country of Birth?	Language Spoken?	Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this patient DVA? No <input type="checkbox"/> Yes <input type="checkbox"/> Number :			

Carer Details

Who should we contact regarding this referral: patient 1st contact
 Has the patient consented sharing medical information with the contact person: Yes No

1st Contact:	Relationship to patient:
Phone:	Lives with patient? Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd Contact:	Relationship to patient:
Phone:	Lives with patient? Yes <input type="checkbox"/> No <input type="checkbox"/>

Service Providers:

GP's Name:	GP's Phone:
Specialist:	Clinic Location:
Specialist:	Clinic Location:

ADMISSION TO IMPATIENT CARE UNIT

All Fields must be completed before referral can be accepted. Please call CHH 62647300 if unsure Australian-modified Karnofsky Performance Index (AKPS) Please Circle One

Normal; no complaints; no evidence of disease	100
Able to carry on normal activity; minor sign of symptoms of disease	90
Normal activity with effort; some signs or symptoms of disease	80
Cares for self; unable to carry on normal activity or to do active work	70
Able to care for most needs; but requires occasional assistance	60
Considerable assistance and frequent medical care required	50
In bed more than 50% of the time	40
Almost completely bedfast	30
Totally bedfast and requiring extensive care	20
Comatose or barely rousable	10
Dead	0

Palliative Prognostic Score (PaP)
(Please circle one score in each category and total to provide the Palliative Prognostic Score)

PAP Score Classification

Dyspnoea	No	0
	Yes	1
Anorexia	No	0
	Yes	1.5
Karnofsky Performance Score	>30	0
	<20	2.5
Clinical Prediction of Survival (weeks)	>12	0
	11-12	2
	9-10	2.5
	7-8	2.5
	5-6	4.5
	3-4	6
	1-2	8.5
Total WBC	Normal (4.8-8.5)	0
	High (8.5-11)	1
	Very High >11.9	2.5
Lymphocyte %	Normal (20-40)	0
	Low (12-19.9)	1
	Very Low (11.9)	2.5

Total

Risk Groups According to Total Score:
30-day survival probability
 >70%
 30-70%
 <30%

Total Score
 0 - 5.5
 5.6 - 11.0
 11.1 - 17.5

Modified Edmonton Symptom Assessment Score

Please circle as to how **distressed** the patient feels in relation to the following symptoms.
0 means not at all distressed by the symptom and 10 means they are extremely distressed by the symptom.

1. Difficulty Sleeping	0	1	2	3	4	5	6	7	8	9	10
2. Appetite Problem	0	1	2	3	4	5	6	7	8	9	10
3. Nausea	0	1	2	3	4	5	6	7	8	9	10
4. Bowel Problem	0	1	2	3	4	5	6	7	8	9	10
5. Breathing Problem	0	1	2	3	4	5	6	7	8	9	10
6. Fatigue	0	1	2	3	4	5	6	7	8	9	10
7. Pain	0	1	2	3	4	5	6	7	8	9	10
8. Other (please specify)	0	1	2	3	4	5	6	7	8	9	10
9. Other (please Specify)	0	1	2	3	4	5	6	7	8	9	10

Phase of Illness Phases describe the distinct stage in a patient's journey. They are classified according to the need of the patient and their family/carer. (Please circle appropriate phase).

Unstable	Deteriorating	Stable	Terminal
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Clinical Information

Terminal Diagnosis:

Allergies:

See Attached Document

Reason for this Referral:

Other Comorbidities:

Medication:

Psychosocial Does the patient or carer demonstrate emotional or spiritual distress? Yes No
Please describe:

ACAT current: Yes No Date Approved..... Type of Approval

Does the patient Live Alone? Yes No

Other Significant family/Social Summary

Discharge Destination:.....

See Attached Document

Advance Care Planning

Is there an Advance Care Plan? Yes No Discussed Unknown *(If yes, please attach)*

Is there an EPOA? Yes No Discussed Unknown

Please describe the patients insight into their disease and prognosis:

Nursing Care Plan (please circle)

Cognitive Status: Alert & Orientated Confused Semi-conscious Unconscious

Falls Risk: High Medium Low

Skin Integrity: Intact Yes No

Existing Pressure Injury:

Drains: Yes No Site: Type:

Catheters: Yes No Date due to be changed:

Type of Required

Weight: **Bariatric:** Yes No

Oxygen Requirement: Yes No Type:

Other Care Needs:

Email: CHHInpatientReferrals@calvary-act.com.au

Or fax to: (02) 6273 0338