Hopewell Hospice

Referral Form

(PLEASE USE BLOCK LETTERS AND PRINT CLEARLY)

PRIVACY STATEMENT: Any personal information is collected, used and disclosed by Wesley Mission Queensland in accordance with our Privacy Policy available at www.wmq.org.au/privacy-policy

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Date of Enquiry_____ **Received By Telephone** ☐ **Face To Face** ☐

Name of Person making Enquiry _____ **Relationship** _____

Organisation person from _____ **Position** _____

(If Not Family/Friend/Carer)

Contact Phone Number (H) _____ **(M)** _____

Source of referral: Please tick one

Public Hospital	Private Hospital	GP	Specialist	Community Agency	Family Member or Friend	Self	Other
☐	☐	☐	☐	☐	☐	☐	☐

Details of the Proposed Client (Person with Terminal Illness)

Name:			
DOB: **AGE:**	Aboriginal Or Torres Strait Islander: Yes ☐ No ☐	Nationality:	Preferred Language:
Address:			Post Code
Phone No:			
Diagnosis:			
Does the Client know they are Palliative?	Yes ☐ No ☐ Not Sure ☐		
Name of GP/ Specialist:			
Is the Proposed Client:	At Home ☐ in Hospital ☐ If Hospital, Where?		
Does the Client currently receive in home nursing care?	Yes, ☐ No ☐ If yes, who is the provider?		
Does the Client wish to arrange? **in home nursing care?**	Yes ☐ No ☐		
Other Family Member Requesting Support	Name:		

DOB: **AGE:**	Aboriginal Or Torres Strait Islander:? Yes ☐ No ☐	Nationality :	Preferred Language:
Relationship to Client			
Address:			Post Code:
Phone No:			
Other Family Member Requesting Support			
DOB: **AGE:**	Aboriginal Or Torres Strait Islander:? Yes ☐ No ☐	Nationality :	Preferred Language:
Relationship to Client			
Address:			Post Code:
Phone No:			

Follow-Up Action

Inform the Enquirer that a Family Support Representative will contact them as soon as possible to discuss their Enquiry further

Arrange For Counsellor to Visit Client to determine needs Yes ☐

Scheduled Date:

If Nursing Care is required , arrange for Nursing agency to contact client Yes ☐ No ☐

Date Agency Contacted:

Date Agency Contacted:	Name of person advised:
Date of First Nursing Visit	

Comments: _____

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Enquiry Taken By *(Staff Member/Volunteer)* _____ P***LEASE PRINT NAME***