

APPLICATION FORM

PALLIATIVE CARE PROGRAMME

Please complete this application if your patient requires to be enrolled on the palliative care programme.

TO BE COMPLETED BY REFERRING DOCTOR

MEMBER DETAILS:

Membership number

ID number

Title Initials

Surname

Email address

Telephone (H) (W)
 (Cell phone)

PATIENT DETAILS:

Name and surname

Title ID number or date of birth

Address
 Code

Email address

Current location Home Hospital Hospice Care facility

NEXT OF KIN DETAILS:

Name and surname

Relationship to patient Telephone

DOCTOR DETAILS:

Surname

Initials

Practice number

Provider discipline

Email address

Telephone Fax

Cell phone

TO BE COMPLETED BY REFERRING DOCTOR (CONTINUED)

Give a brief history of the patient’s current illness and treatment:

Please indicate with an “X” in the box below which concerns require specialist palliative care input.

MAIN REASON FOR REFERRAL	
<input type="checkbox"/>	Advanced care planning
<input type="checkbox"/>	Carer support
<input type="checkbox"/>	End-of-life care
<input type="checkbox"/>	Medical and allied medical needs
<input type="checkbox"/>	Psychological support and counselling
<input type="checkbox"/>	Respite for family support
<input type="checkbox"/>	Social assessment
<input type="checkbox"/>	Other

SERVICE REQUESTED	
<input type="checkbox"/>	Home assessment
<input type="checkbox"/>	Hospice admission
<input type="checkbox"/>	Care at home
<input type="checkbox"/>	Other

STAGE OF DISEASE	
<input type="checkbox"/>	Advanced
<input type="checkbox"/>	Pre-terminal
<input type="checkbox"/>	Unsure

Has any advanced care planning discussions with the original treating doctor, the patient or family members taken place?
If yes, please state below:

Should you have any further queries regarding the programme, please call the Fund’s integrated care department and ask for the palliative care specialist to discuss the patient’s condition. A referral letter must also be submitted to palliative.care@momentum.co.za.

Referring doctor’s signature

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date