



Metropolitan Referral Unit - Palliative Referral Form

Referral Fax: 1300 546 104 Email: Health.MRU@sa.gov.au

Referral source Public hospital GP Palliative Care Service Other

PATIENT INFO Sticker/MR10/UR No:	
Surname:	First name:
Address:	
Suburb:	P/Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: / /
Telephone:	
Mobile:	
Address where care to be provided (if not usual address)	
Address:	
Suburb:	

Date of referral: _____ Time: _____
 Requested Service Commencement date: _____
 Referring Hospital/ Agency: _____
 Ward/Unit: _____ Ext No: _____
 Admission date: _____ Discharge date: _____
 Aged Care Facility: Low level High Level
 USUAL LIVING:
 Alone With Family With Spouse/Partner
 Homeless Friend/s Other:

NOK: _____ (Relationship): _____ GP/Practice: _____

NOK Phone(s): _____ GP Phone: _____

INDIGENOUS STATUS: Aboriginal Torres Strait Islander Both Neither Unknown

COUNTRY OF BIRTH: Australia Other (*specify*): _____ Interpreter required? *specify*

DVA Card Holder Yes No (DVA number) _____ Health Fund Yes No

KNOWN RISKS TO COMMUNITY STAFF VISITING HOME: (Environment/ Animals /Aggression)

PRIMARY DIAGNOSIS (including date of surgery if applicable):

PMH & Secondary Conditions:

ALLERGIES: _____ MRO: MRSA VRE Other MRO (*specify*): _____

Prognosis is the patient in the last weeks of life? Weeks Months Not Known

PHASE: _____ AKPS: _____ RUG-ADL : _____ (*if known*)

PATIENT INFO Sticker/MR10/UR No:

Surname: _____ First name: _____ Suburb: _____ P/Code: _____
 Address: _____ Male Female DOB: / /

COMMUNITY SERVICES & New referrals (including MAC referral and reference number)	Current/New	Details – contact name & phone number	Referred Date

MANAGEMENT PLAN to include current symptoms and care required:

MOBILITY:

Existing equipment in the home:

ATTACHED (if applicable): Medication Authority Discharge Summary Wound Chart Resuscitation Plan – 7 Step Pathway

Referrer's signature:	Print Name:	Contact number:
	Role/Designation:	

Please complete form and send via email Health.MRU@sa.gov.au or FAX to 1300 546 104.
 Access and download forms and resources: www.sahealth.sa.gov.au/MRU or Phone 1300 110 600.