

Franklin Hospice Referral Form

If urgent, please call Franklin Hospice on 092389376

Date		Has patient consented to a Hospice referral?	
Name			
NHI number		Date of birth	
Sex			
Address			
Current location of patient <i>Please circle</i>	Aged care	Hospital	Home
Home phone number		Other phone number	
Occupation			
Country of birth		Primary ethnic group	
Marital status		Religion	
Spoken language. - Interpreter needed?			
1st Emergency Contact Other Contact Number	Name: Relationship: Phone: Address:		
2nd Emergency Contact Other Contact Number	Name: Relationship: Phone: Address:		
Current GP			
Name			
Practice Name			
Address			
Phone			
Referral Details			
Diagnosis			
Relevant History			
Social situation			
Phase of illness:	1. Stable, 2. Symptomatic, 3. Deteriorating, 4. End of life		
Other notes			
Allergies			