Palliative Care Connect

Regional Navigation Service

Referral form

(For patients living with a progressive life limiting illness)

Patient details

Name:		**DOB:**	
Address:			
Phone:		**Gender:**	
Participant identifies as Aboriginal and/or Torres Strait Islander?		☐ Yes ☐ No	
Patient given consent:	☐ Yes ☐ No	**Patient aware of referral:**	☐ Yes ☐ No

Referrer details

Referral Date:		**GP Name:**	
Practice Name:			
Phone:		**Fax:**	
Email:		**Signature:**	

Reason for referring

Primary condition
Services requested

Please fax completed referral form to Sonder on (08) 7093 8998 or email to palliativecareconnect@sonder.net.au

Palliative Care Regional Navigation Service is provided as part of **Palliative Care Connect** and supported by funding from the Australian Government Department of Health and Aged Care.