

Bear Cottage Medical Referral Form

MEDICAL OFFICER TO COMPLETE

**Please return this form by faxing to Bear Cottage on (02) 9976 8303
or by mail to Bear Cottage, PO Box 2500, Manly**

If you require further information please call: Narelle Martin, Nursing Unit Manager on (02) 9976 8300

Date form completed: _____

Patient information

Patient's name: _____

Date of birth: _____ Age: _____ Sex: _____

Primary diagnosis: _____

Other diagnosis or issues relevant to medical or nursing care: _____

Reason for admission: *(Please tick the appropriate box)*

Respite

Symptom Control

Terminal Care

Other: _____

Doctor's name *(please print)*: _____

Contact address: _____

Phone: _____ Fax: _____

Email: _____



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During the child's admission to Bear Cottage, if further medical information about the child is needed, who would you nominate as the most relevant medical practitioner to be contacted?

Name: _____

Position: _____

Past medical history



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Current physical state

Weight (Kg): _____

Neurological: _____

Cardiovascular: _____

Respiratory (incl CPAP settings): _____

Gastrointestinal (constipation issues, PEG, feeding methods): _____

Genitourinary: _____



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Skin: _____

Social/family issues

Parents/Guardians:

_____ Relationship: _____
_____ Relationship: _____

Who has legal responsibility for child?

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

This Child has a life limiting illness which will more than likely result in death before adulthood.

Yes No

Estimated Prognosis:

Days: _____

Weeks: _____

Months: _____

Years: _____



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Does this child have an End Of Life Care Plan/Allow a Natural Death Form?

Yes (If Yes, please include a copy with this form)

No

On admission to Bear Cottage, the carers will be asked what they would like to happen in the event of any deterioration (eg transfer to hospital) It is often helpful for us to know if end of life issues have been discussed or the issue broached with the family before. Have these discussions taken place and what has the extent of them been?

Medication

Please complete details of all current medications and known allergies on a NSW HEALTH PAEDIATRIC MEDICATION CHART. Please note: the information supplied will be used at Bear Cottage by nursing staff as a legal document to administer all medications. This information must be filled out by a medical officer.

If patients come without an up to date medication chart, the nursing staff will be unable to administer medications. It is imperative that parents bring the form with them at admission.

