

Treatment plan

Doctor's details

Name and surname _____

Practice number _____ Consultation date _____

Patient's details

Name and surname _____ Date of birth _____

Medical aid _____ Number _____

ICD-10 code _____ Primary diagnosis _____

Palliative care motivation

General palliative care indicators			
Two or more unplanned healthcare facility visits within a period of three months with deteriorating life-limiting illness despite best available or appropriate treatment	<input type="checkbox"/>	Progressive weight loss over the past few months, or remains underweight, or has low muscle mass	<input type="checkbox"/>
Performance status is poor or deteriorating, with limited reversibility, e.g. the person stays in bed or in a chair for more than half the day	<input type="checkbox"/>	Persistent symptoms despite best available or appropriate treatment of the underlying condition(s)	<input type="checkbox"/>
Dependent on others for care due to increasing physical, and/or emotional, and/or mental health problems	<input type="checkbox"/>	Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; wishes to focus on quality of life	<input type="checkbox"/>
Person's carer needs more help and support in caring for the patient	<input type="checkbox"/>		

Disease-specific indicators			
Oncology <input type="checkbox"/>	Non-oncology <input type="checkbox"/>		
Eastern Cooperative Oncology Group (ECOG) criteria			
Any unplanned hospitalisations in the past six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you foresee a living will or advance care plan in future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ongoing disease-directed therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other relevant information			
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Professional palliative care consultation services

Service requested	Code	Estimated Quantity
Doctor's consultations		
Telephone calls/messages		
Patient-controlled analgesia pump		
Note: Please provide additional information for more than one consultation longer than 91 minutes (code PaIP120)		
Additional consultations to be provided		
Palliative care nurse		
Name and practice number		
Additional consultations to be provided		
Social worker		
Name and practice number		
Additional information		

Note to the provider

Medication A standard list of medication has been agreed for palliative care patients. Only motivate treatment not included in the list.
Oxygen and equipment Please inform Medihelp if no current services have been approved.
Home-based nursing care (carers) Please inform Medihelp if no current services have been approved.
Additional information