



“The Place of Love”

LERATONG HOSPICE

026-226-NPO

Tel: (012) 371 3003 Fax: +27 86 263 7169

Cell: +27 83 254 1228 / +27 78 016 1636

11 Musapelo Street, Atteridgeville Ext 16, 0008

PO Box 386, Atteridgeville, 0008

E-Mail: leratong@leratong.co.za, Website: www.leratong.co.za

REFERRAL FORM CONFIDENTIAL MEDICAL REPORT

PATIENT'S NAME:.....

Is referred to you for:-

Pain or Symptom Control :..... Respite Care:..... Terminal Care :..... Other:.....

PERSONAL DETAILS

Address :.....

.....

Date of Birth :.....

Tel :.....

Next of Kin :.....

HOSPITAL DETAILS

Hospital/Clinic :.....

Hospital Number :.....

Ward :.....

Tel No :.....

MEDICAL HISTORY

NB: Doctor, Please under Discharge Medication, Write Out In full Drugs, Dosage, Frequency

Primary Diagnosis :.....

Opportunistic Infection (including TB referral form):

CD Cell Counts :..... Viral Load:.....

Metastases :.....

Present Symptoms :.....

Mental State :.....

Discharge Medication :.....

Plans for further Management :.....

Future appointments :.....

Is patient aware of his/her Diagnosis/Prognosis : YES / NO

Is the family aware of the Diagnosis and Prognosis : YES / NO

Is patient aware of this contact with hospice : YES / NO

SIGNATURE OF PATIENT/FAMILY:.....

DATE :...../...../.....

NAME OF DOCTOR/CLINIC SISTER (PRINT) :.....

SIGNATURE OF DOCTOR/CLINIC SISTER :.....

TEL NO :.....

INFORMATION FOR REFERRAL

1. Referral form to be completed by attending doctor or clinic sister.

2. The admission criteria for Leratong Hospice is as follows:

- a. HIV/AIDS
- b. Malignancies
- c. Terminal Care
- d. Respite Care (Two Weeks)
- e. Management of uncontrolled symptoms
- f. Care for ARV initiation

3. Details of how to refer are as follows:

- a. Please fill out referral form completely.
- b. Please supply the prescribed medication with name of Drug, Dosage, and Frequency clearly written.
- c. Please supply the plan for future management.
- d. Please obtain patient/family member written consent
- e. Contact Leratong Hospice at:-

Telephone : 012 371 3003

Mobile : 078 016 1636

: 083 254 1228

Fax : 086 2637169

Email: leratong@leratong.co.za

4. A member of Leratong staff will physically assess the patient prior to admission if at home, or Kalafong Hospital.

5. The following will be needed for admission.

- a. Complete medical report
- b. Identification book, both patient and family member.
- c. Medication of the patient being referred.