



STANDARD

REFERRAL FORM

Name of applicant _____ (Chinese) _____ (English)	<u>Next of kin</u> Name: _____
HKID No: _____ Sex/Age: _____ Date of Birth: _____	Relationship with applicant: _____
Telephone: _____ (Mobile) _____ (Home) (or please attach gum label)	Telephone: _____ (Mobile) _____ (Home) Email address: _____

1.1 Referral for

<input type="checkbox"/> Palliative care	<input type="checkbox"/> Specialist Geriatric Care
<input type="checkbox"/> In-patient Care	<input type="checkbox"/> Active Rehabilitation
<input type="checkbox"/> Home Care	<input type="checkbox"/> Quality infirmary / Long term care
<input type="checkbox"/> Out-patient Care	<input type="checkbox"/> Respite Care

1.2 Patient location:

Hospital / ward / bed no. _____

Home & address _____

OAH (name & address) _____

2.1 Diagnosis:

For Cancer: Primary _____ Site of Metastasis: _____

For Non-Cancer: Please specify: _____

Diagnosis known to patient: Y N Diagnosis known to family: Y N

Patient' consent for referral (Verbal): Y N

Agreed on DNACPR: Y N Not discussed

Any Infectious Disease: Y, please specify: _____ N

2.2 Medical History + Remarks

▲ Please enclose discharge summary, medical report, investigation report & other confirming evidence.

3.1 Present Condition (Please delete as appropriate):

Mental State: Alert / Drowsy / Unconscious / Orientated / Disorientated

Mobility: Independently mobile / Mobile with aid / Bedbound

Feeding: Independent / Dependent / Tube-feeding

Special Care: Tracheostomy Central line Regular blood transfusion others: _____

3.2 Present Medication & known drug allergy _____

4. Referring Doctor:

Name: _____ Hospital(Ward) / Clinic address: _____

Email address: _____ Tel & Fax No: _____

Signature: _____ Date: _____

5. For internal use:

Date of referral received: _____ Assessment date & staff: _____

Please fax the completed form and all relevant documents to 2703 5588.



STANDARD

Main Services of SASHCC:

1. Palliative care:
 - Advanced cancer and non-cancer illness (e.g. late stage cancer, end organ failure) needing end-of-life care using holistic comfort care approach.
2. Geriatric rehabilitation:
 - Client with acute condition stabilized requiring further active rehabilitation for a more prolonged period.
3. Quality infirmary, long term care and respite care

Conditions NOT suitable for our service:

- Unstable psychiatric conditions including severe depression, unexplained delirium and violent behaviour
- Bleeding or coagulopathy that require frequent transfusion
- Fractures that require special equipment / expertise for treatment
- Special infectious cases, such as Vancomycin-Resistant Enterococci (VRE), MultiDrug Resistant Acinetobacter (MDRA), Open Tuberculosis, etc.
- Require Dialysis including continuous ambulatory peritoneal dialysis (CAPD) and hemodialysis (HD)
- Require ventilatory support, except nocturnal continuous positive airway pressure (CPAP) ventilation for stable obstructive sleep apnea

Points to note:

- This form is to be filled by the referring doctor and faxed to SASHCC at 2703 5588.
- All referrals will be initially assessed by senior nurse / physician of the centre for admission suitability. The usual response time takes 2-3 working days.
- For enquiry, please call Administration Office at 2703 3000 during office hours.
- For urgent enquiry outside office hours, please call 6971 4510.
- Should there be any dispute, the Centre's decision is final and conclusive.

Centre information:

Address:

Haven of Hope Sister Annie Skau Holistic Care Centre
 19-21 Haven of Hope Road, Tseung Kwan O, N.T., HK
 Tel: 2703 3000 Fax: 2703 5588

Office hours:

Monday to Friday (except public holidays), 9:00am – 1:00pm; 2:00pm – 5:00pm