



HOSPICE

Knysna - Sedgefield

B.O.N.D House, 24 Wilson Street, Hunters Home, Knysna, 6571
 Tel: (044) 384-0593, Fax: (044) 384-0456; Email: info@hospiceknysna.org.za

REFERRAL FORM

PATIENT: D.O.B:

HOME ADDRESS:

.....

TELEPHONE: (H)..... Cell:

NEXT OF KIN:

TELEPHONE: (H)..... Cell:

DIAGNOSIS:

.....

Patient consents to Hospice referral: YES NO

CONTACT DETAILS OF HOSPICE NURSES:

- | | | |
|----------------------------|--------------------|---|
| 1. Sr. Hilary Grey: | Cell: 082 200 4176 | Head of Nursing Services |
| 2. Sr. Henriëtte Christie | Cell: 082 565 4886 | Sedgefield
Karatara
Keurhoek/Rheenendal
Wilderness |
| 3. Staff N. Kathy Williams | Cell: 082 684 3712 | Chronic Care Nurse
Witlokasie
Nekkies Concordia
Khayaletu Dam-se-Bos |
| 4. Sr. Dina Arends | Cell: 082 202 4085 | Hornlee, Brackenhill
Forestry Department |
| 5. Sr. Terry Forster | Cell: 082 565 1599 | Knysna Town and Bellvidere |
| 6. Sr. Kirsten Murish | Cell: 082 824 3032 | Hornlee, Oupad and Kairo |

Please see pages 2-3 for clinical referral information

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TO BE COMPLETED BY PATIENT'S MEDICAL ATTENDANT

Date of diagnosis:

Investigations done (please include copies of histology, radiology, surgical and other relevant report)

Current Symptoms
Treatment history
Current treatment
Allergies
Treatment plans

Please turn to page 3....

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Hospice requested to assist with:

	Comment
Pain management	
Other symptoms	
Family support	
Emotional support	
Loan of Equipment	
Other	

What information have the patient and family received about their illness and prognosis?

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URGENCY OF REFERRAL: 24 HOURS 2 DAYS 1 WEEK

Would you like to receive feedback via:

Email (address):

Fax (number): Tel (number):

.....
SIGNATURE OF REFERRING DOCTOR:

.....
DATE OF REFERRAL:

.....
(Please print name in block capitals)

Please fax form to: 044 384 0456

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