

# 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: \_\_\_\_\_



2 Fairy Bower Road  
Locked Bag 4001 Westmead NSW 2145 Sydney Australia  
Tel +61 2 9976 8300 Fax +61 2 9976 8303



# Bear Cottage Medical Referral Form

## Current physical state

Weight (Kg): \_\_\_\_\_

Neurological: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardiovascular: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respiratory (incl CPAP settings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gastrointestinal (constipation issues, PEG, feeding methods): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Genitourinary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Bear Cottage Medical Referral Form

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: \_\_\_\_\_



2 Fairy Bower Road  
Locked Bag 4001 Westmead NSW 2145 Sydney Australia  
Tel +61 2 9976 8300 Fax +61 2 9976 8303

# Bear Cottage Medical Referral Form

**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.



2 Fairy Bower Road  
Locked Bag 4001 Westmead NSW 2145 Sydney Australia  
Tel +61 2 9976 8300 Fax +61 2 9976 8303