[Insert Date, eg 1 January 2022]

Silver Chain Community Specialist Palliative Care Service

6 Sundercombe Street

Osborne Park

WA 6017

[Insert Salutation, eg Dear Mrs Jones]

[Identify which service required – if information needed refer to website or call 1300 512 322]

Palliative Nurse Consultancy

Advanced Dementia Specialist Service

Community Specialist Palliative Care Service

|  |  |
| --- | --- |
| **Eligibility Criteria (must answer yes to all);** | |
| The client has an active, progressive, life-limiting or life-threatening condition (malignant or non-malignant) | Yes  No |
| Specialist palliative care advice, support, assessment and/or care at home is required for complex symptom management or relating to end of life care | Yes  No |
| Client or their substitute decision maker and carer are aware of the referral and have consented to receiving Palliative care at home | Yes  No |
| You would not be surprised if the client died in the next 12 months. | Yes  No |

[Start your letter!] [provide details of diagnosis, PMH, current symptoms and reason specialist palliative care needed]

[Insert your closure eg Yours sincerely]

[Insert Author’s Name]

[Insert Author’s Position Title]

[Signature]

[attach medication list, scans, pathology, discharge letter, clinic letters etc.]