

Haven of Hope Sister Annie Skau Holistic Care Centre 靈實司務道寧養院

REFERRAL FORM (Sandwich Class Beds Programme 夾心階層安寧療護病床計劃)

SCB

Name of applicant: _____ (Chinese) _____ (English)	Next of kin 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 Sandwich Class Bed (SCB) for in-patient palliative care

Eligible criteria: Agreed on DNACPR
Life expectancy less than 6 months
Household income and asset value fulfilled programme criteria

1.2 Patient location: Hospital / ward / bed no. _____
 Home OAH (name: _____) Others: _____

2.1 Diagnosis:

For Cancer: Primary _____ Site of Metastasis: _____

Any Infectious Disease: Yes, please specify: _____ No

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 / Wheelchair bound / Bedbound

Feeding: Independent / Dependent / Tube-feeding

Special Care: Tracheostomy Central line 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. Assessment by Medical Social Worker:

Name (Block Letter): _____

Email address: _____ Tel/Pager/Mobile: _____

Applicant's household income: < 1.75 x MMDHI Yes No

Applicant's household assets: ≤\$0.6M (1-3 persons) ≤\$0.9M (4-6 persons) ≤\$1.2M (7 persons or above)

Remarks: _____

6. For internal use:

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

***Please fax the completed form and all relevant documents to 2785 0721.**

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 VISA, VRSA, VRE, CPE, CRA, PDRA/MDRA, MRPA, Candida auris, 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 2785 0721.
- 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.
- 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 (Admin Office) / 2706 8515 (Social Worker)

Office hours:

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