

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

REFERRAL FORM (Relief & Charity Service Beds Programme 慈惠安寧療護病床計劃)

RCS

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 Eligible criteria:

- ① Agreed on DNACPR
- ② Life expectancy less than 6 months
- ③ CSSA recipient or eligible for RCS financial assessment by the funder

1.2 Patient location:	<input type="checkbox"/> Hospital / ward / bed no. _____
	<input type="checkbox"/> Home <input type="checkbox"/> 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 & Specialist-in-charge (Please tick in the):

I understand the RCS Scheme of SASHCC is supported by donors to take care the poor and needy patients. I agree to take back the patient if there are medical condition that could not be optimally managed in SASHCC (refer to "Conditions NOT suitable for our service" listed on the back of this form) or the condition of the patient stabilized after regular re-assessment conducted by SASHCC with life expectancy exceeding 6 months.

Information of referring Doctor:

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

Email address: _____ Tel & Fax No: _____

Signature: _____ Date: _____

Information of doctor and ward to be contacted for referring back:

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

Email address: _____ Tel & Fax No: _____

5. Assessment by Medical Social Worker:

Name (Block Letter): _____

Email address: _____ Tel/Pager/Mobile: _____

Applicant is: CSSA recipient eligible for RCS financial assessment (form CM90 attached)

6. For internal use:

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

Accept / Reject (Remarks: _____)

*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, MRSA Sputum, 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
- If the applicant has no relatives or close contacts, the admission conditions include:
 - The applicant must, at least during the initial period of admission, have sufficient cognitive ability to communicate with the Centre's clinical staff regarding their advance care planning.
 - Prior to admission, the applicant must have entrusted a relevant social welfare organization to handle the funeral arrangements.

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

Office hours:

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