

FAST TRACK REFERRAL - COMMUNITY

Patient aware of rapidly deteriorating condition which is non reversible.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Relatives aware of rapidly deteriorating condition which is non reversible.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Patient/relatives aware of fast-track referral.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Appropriate Clinician has spoken with patient/relatives about rapidly deteriorating condition which is non reversible.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Conversation re above documented in system one	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Patient has been referred to Specialist Palliative Care Team if experiencing unmanaged symptoms/psychological support	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Goldline Referral completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
GSF completed/updated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RESPECT completed/updated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anticipatory medication prescribed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Preferred location of patient (Home, Care Home, Hospice)		
Referred by: Print Name Signature:	Contact number :..... Date:	