SMART Clinic Supplementary Information	Mercy Health Care first	**Referral Date:** **General enquiries:** Ph 1300 369 019 (24 hours)

Referral to

☒ SMART (Symptom Management and Referral Team) clinic	Phone: 8754 6700 Fax: 8754 6710	Outpatient Clinics, Werribee Mercy Hospital
This document **must** be attached to the 2 page Werribee Mercy Hospital Outpatient Clinic Referral form when referring to the SMART clinic. **This document in isolation does not constitute a valid referral.**		

Patient Details

Last/Family name:	First name:
Date of birth:	Sex: Select
Address:	
Suburb:	Home telephone No.:
Postcode:	Mobile number:

Referring Doctor Details

Referring Doctor:	
Practice Name:	

Additional medical history/treatment

Primary diagnosis (include histology if applicable): Date of primary diagnosis (dd/mm/yyyy)	Secondary diagnosis: Date of secondary diagnosis dd/mm/yyyy
Additional medical history (attach relevant imaging, blood test results, medication list etc)	

Key Symptom issues:

☐ Pain ☐ Tiredness ☐ Nausea ☐ Depression ☐ Anxiety ☐ Shortness of breath

☐ Drowsiness ☐ Appetite ☐ Wellbeing ☐ Constipation ☐ Diarrhoea ☐ Other:

Advance Care Planning

Does the consumer have an Advance Care Plan?	☐ Yes ☐ No ☐ Not stated/unknown	If yes, where is it kept?
Does this include a Refusal of Treatment Certificate or other documentation limiting treatment?	☐ Yes ☐ No ☐ Not stated/unknown	
Does the consumer have a nominated substitute decision maker (enduring power of attorney medical treatment) in relation to medical decisions?	☐ Yes ☐ No ☐ Not stated/unknown	If yes, name of substitute decision maker?

Is the client aware of the diagnosis and prognosis?	☐ Yes ☐ No	If not, why?
Is the family aware of the diagnosis and prognosis?	☐ Yes ☐ No	If not, why?

Doctor's signature:	Date:

Appointment details will be sent to referring GP and the patient.