Wish Referral Form

Form Instructions:
This form is to be completed by the Specialist Palliative Care team. When this form is completed please email to: hello@palliativecareqld.org.au What next? • Following receipt of this form we will contact the Specialist Palliative Care Service (SPCS) within **72 hours** to inform you of the outcome of your request   ○ We will also check our Wish Ambulance availability to ensure we have capacity to fulfil this wish • If we are able to fulfil your Ambulance wish we will then arrange a visit to the SPCS, the wish recipient and the wish site to conduct a wish needs assessment, from this we develop a wish plan, organise volunteers and all wish requirements.

1. PLEASE TELL US A LITTLE ABOUT THE WISH REQUEST	
Please describe the Ambulance Wish you are requesting	
Is there a specific day or date that that is preferred?	
Please share with us why this Ambulance Wish is important for the wish recipient?	
Please provide the address of where the wish recipient will be at the start of their Ambulance Wish?	
Please provide the address (and any other specific details) of the preferred location of the Ambulance Wish?	

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2. TELL US A LITTLE ABOUT THE WISH RECIPIENT			
Prefix (ie. Mr / Ms/Dr etc):		Preferred name:	
First name:		Last Name:	
Gender:		Date of Birth:	
Is an interpreter required?		Is a cultural support person required?	
Mobile number:		Email address:	
Are there any specific challenges that may impact the wish? (*ie. visual or hearing impairment)*			

Tell us a little story about the Wish Recipients *(for example this might include where they were born, their family, their career, their key achievements or favourite hobby)*	
Tell us about the Wish Recipients palliative diagnosis	
Prognosis estimate *(this helps us prioritise our referrals)*	[ ] Hours to Days [ ] Days to Weeks [ ] Weeks to Months

About the wish recipients key contact person *(if applicable – we are aware not everyone has a key contact)*	
Full name:	
Email address:	
Mobile number:	
Relationship to the Wish Recipient:	

Who is the preferred contact to plan the wish?	[ ] Wish Recipient [ ] Key Contact Person

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3. Please confirm that the Wish Recipient fulfils the following eligibility criteria	
Below are the 8 eligibility criteria items	*Please write to confirm* ***YES or UNSURE or NO***
SUPPORT: The Wish Recipient must be a current patient of a Specialist Palliative Care Service[1]	
RESIDENCE: The Wish Recipient must be located within 100km radius from Brisbane[2]	
LOCATION: The Ambulance Wish request location must be within 100km radius from Brisbane	
DIAGNOSIS: Wish Recipient must have a life-limiting illness with a likely prognosis of less than 12 months[3]	
MOBILITY: Wish Recipient must require 1-2 person assist with mobility AND/OR spend more than 60% of time in bed	
CONSENT: Wish Recipient must be able to consent to the Ambulance Wish	
GOALS OF CARE: Clear palliative goals of care in place (including a DNR)	
WISH TYPE: Wish must be low in complexity and risk	

4. TELL US A LITTLE ABOUT THE WISH RECIPIENT'S SPECIALIST PALLIATIVE CARE TEAM	
About the Wish Recipients Specialist Palliative Care Service	
Service Name:	
Name of treating Medical Specialist:	
Name of Nurse Manager or Clinical Nurse Consultant:	
Email address:	
Telephone number:	
Who will be the Clinical Escort for the wish?	
Any additional notes or comments	

[1] A list of all Specialist Palliative Care Services within 100KM radius of Brisbane are available on the Ambulance Wish Queensland Website
[2] Wish Recipients can reside at home, hospice, hospital or care facility
[3] Assessed by using the Surprise Question

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5. TELL US A LITTLE MORE INFORMATION TO HELP US CONTINUOUSLY IMPROVE

Please tell us how you hear about Ambulance Wish Queensland?			
Have you submitted an Ambulance Wish Request Form before?	[ ] Yes [ ] No	Have had a wish fulfilled by any other organization? *If yes, with whom and when?*	[ ] Yes [ ] No

6. IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US?

DISCLAIMER

By submitting this Wish Referral Form you consent to:

- The information being used by Ambulance Wish Queensland program to action your wish and monitor the program and will be kept in the archives of Ambulance Wish Queensland for up to 5 years.
- Ambulance Wish Queensland contacting the contacts identified in this form for more information

By submitting this Form you are aware that:

- This program is free for all wish recipients
- The submission of this form does not guarantee the requested wish will be fulfilled
  - Ambulance Wish Queensland depends on generous donations and corporate partners, therefore can only fulfil the number of wishes that we have funding for.
  - Some wishes may not meet the criteria therefore, in that case Ambulance Wish Queensland will inform the Specialist Palliative Care team and discuss any alternative options and directly inform the wish recipient, their key contact

SIGNATURE OF PERSON COMPLETING THIS FORM

Print Name		**Role**	
Signature		**Date**	