

## Form Instructions

This form is to be completed by the Specialist Palliative Care Team following discussions with the wish recipient. Email the COMPLETED FORM to [hello@ambulancewishqld.org.au](mailto:hello@ambulancewishqld.org.au)

## Specialist Palliative Care Services Details

Specialist Palliative Care Service name

## Wish Service Liaison Coordinator Details

Name

Email

Mobile Number

## Potential Wish Recipient Details

Name

Date of Birth

Gender

Mobile Number

Email

## Program Eligibility Criteria

- |  |                |
|--|----------------|
| 1. <b>SUPPORT:</b> The Wish recipient must be a current patient of one of our partner Specialist Palliative Care Services*               | [ ] Yes [ ] No |
| 2. <b>RESIDENCE:</b> The Wish recipient can reside at home, a hospice, hospital or care facility within 150km radius from Brisbane CBD   | [ ] Yes [ ] No |
| 3. <b>LOCATION:</b> The Ambulance Wish request location must be within 150km radius from Brisbane CBD                                    | [ ] Yes [ ] No |
| 4. <b>DIAGNOSIS:</b> The Wish recipient must have a diagnosis of a life-limiting condition and be expected to live less than 12 months** | [ ] Yes [ ] No |
| 5. <b>MOBILITY:</b> The Wish recipient must require 1-2 person assist with mobility and/or spend more than 60% of time in bed***         | [ ] Yes [ ] No |
| 6. <b>CONSENT:</b> The Wish recipient must be able to consent to the Ambulance Wish  | [ ] Yes [ ] No |
| 7. <b>GOALS OF CARE:</b> Clear goals of care must be in place****  | [ ] Yes [ ] No |

### Additional criteria for an offsite Ambulance Wish:

- |  |                |
|--|----------------|
| 8. <b>WISH TYPE:</b> The Wish must be low in complexity and risk | [ ] Yes [ ] No |
|--|----------------|

\* Full list of our Wish Partner Specialist Palliative Care Services can be found on our website at [ambulancewishqld.org.au](http://ambulancewishqld.org.au)

\*\* Assessed using the Surprise Question

\*\*\* This is based on a health care tool

\*\*\*\* Including a Do Not Resuscitate Order

Specialist Palliative Care Service (SPCS) Questions	
Will the SPCS provide a Clinical Escort?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long has the potential wish recipient been a patient of your service, prior to this Wish request?	<input type="checkbox"/> less than three days <input type="checkbox"/> three days to two weeks <input type="checkbox"/> more than two weeks
Was the potential Wish recipient linked to your service because of the wish request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an AWQ Wish request been previously submitted for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month of previous Wish Request:

Wish Recipient's Key Contact – Who is the preferred contact when discussing the Wish?			
<input type="checkbox"/> Wish Recipient <input type="checkbox"/> Other (Please complete details below)			
Name		Mobile Number	
Email		Relationship to Wish Recipient	

What is the Wish Request?



Potential Wish Recipient Details	
<b>Does the Wish Recipient identify as Aboriginal and Torres Strait Islander?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the Wish recipient a Veteran?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Disclaimer for the Wish Recipient
<p>By submitting this Wish request form, you acknowledge that the Wish Recipient consents to:</p> <ul style="list-style-type: none"> <li>• The information being used by the Ambulance Wish Queensland (AWQ) program to action the wish and monitor the program</li> <li>• The information being kept in the archives of AWQ for up to 5 years</li> <li>• AWQ contacting the contacts identified in this form for more information (if required)</li> </ul> <p>By submitting this Wish request form, you acknowledge that the Wish Recipient is aware that:</p> <ul style="list-style-type: none"> <li>• This program is free for all Wish Recipients</li> <li>• There is no guarantee the requested wish will be fulfilled (AWQ depends on generous donations and corporate partners; therefore, any wish is reliant on available funding)</li> </ul>

Person completing this form on behalf of the Wish Recipient	
<b>Full Name</b>	
<b>Relationship to Wish Recipient</b>	
<b>Email</b>	
<b>Mobile Number</b>	
<b>Signature</b>	<b>Date</b>