

Wish Request Form



Form Instructions

This Wish Request Form contains two Parts.

Part A – Details of Wish Request is to be completed by a member of a Palliative Care Service (**PCS**) following discussions with the potential Wish Recipient. This Part A must be completed by a Nurse Unit Manager, Treating Medical Doctor, Registered Nurse or Social Worker.

Part B – Privacy consent from potential Wish Recipient is to be completed by the potential Wish Recipient after PCS have populated the details in Part A.

Note: Part B of this Wish Request Form does not need to be completed by the potential Wish Recipient or its Substitute Decision Maker if an equivalent online form provided by AWQ titled 'Wish Request Form Part B – Privacy consent from potential Wish Recipient' accessible at '[Form](#)' has been completed.

Note: as a general rule, a potential Wish Recipient that is over the age of 15 years old will have capacity to provide the consent required under Part B. Where the potential Wish Recipient is below such age, please assess whether the minor has capacity to consent to the collection of personal information. Where it is suspected that the minor does not have such capacity, please ensure Part B is completed by a person listed in the signature panel.

Once completed, please email this form to hello@ambulancewishqld.org.au.

Note: a requested Wish is not approved until Ambulance Wish Queensland (**AWQ**) has received the completed Wish Request Form and triaged the request.

Part A – Details of Wish Request

What AWQ Hub do you fall under?

<input type="checkbox"/>	Brisbane Hub	<input type="checkbox"/>	Toowoomba Hub
<input type="checkbox"/>	Townsville Hub	<input type="checkbox"/>	Sunshine Coast Hub

Details of Palliative Care Service

Name of Palliative Care Service	
--	--

Details of Potential Wish Recipient

Full name			
Date of Birth		Gender	
Mobile Number		Email	

Wish Request Form



Program Eligibility Criteria	
1. SUPPORT: The potential Wish Recipient must be a current patient of one of our partner Palliative Care Services*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. RESIDENCE: The potential Wish Recipient can reside at home, a hospice, hospital or care facility within 150 km radius from: Brisbane Hub – Brisbane CBD Townsville Hub – Townsville CBD Sunshine Coast – Noosa Heads Toowoomba – Toowoomba CBD	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. LOCATION: The Wish request location must be within 150 km radius from: Brisbane Hub – Brisbane CBD Townsville Hub – Townsville CBD Sunshine Coast – Noosa Heads Toowoomba – Toowoomba CBD	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. DIAGNOSIS: The potential Wish Recipient must have a diagnosis of a life-limiting condition and be expected to live less than 12 months**	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. MOBILITY: The potential Wish Recipient must require considerable assistance with mobility (assessed at Australia-modified Karnofsky Performance Status of 50 or below) and/or frequent personal care***	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. CONSENT: The potential Wish Recipient must understand the requested Wish in order to consent to the requested Wish being performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. GOALS OF CARE: Clear goals of care must be in place****	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional criteria for an offsite Wish:	
8. WISH TYPE: The Wish request must be low in complexity and risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Full list of our Wish Partner Palliative Care Services can be found on our website at https://ambulancewishqld.org.au/wish-fulfilment-partners/.</p> <p>** Assessed using the Surprise Question.</p> <p>*** This is based on a health care tool.</p> <p>**** Including a Do Not Resuscitate Order.</p>	

Palliative Care Service (PCS) Questions	
Will the PCS provide a clinical escort?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate weight range of potential Wish Recipient	<input type="checkbox"/> 40 kg – 60 kg <input type="checkbox"/> 60 kg – 70 kg

Wish Request Form



<p>Identifying weight will assist the AWQ team to ensure Wish Recipient will be comfortable during Wish and AWQ volunteers WHS is taken into consideration Manual stretchers - Maximum ideal weight range is 100 kg. Powered stretchers – Maximum ideal weight range is 110kg to 120 kg. Note: Weight of Wish Recipient will be taken into consideration during triage process and further discussions may be required.</p>	<p><input type="checkbox"/> 70 kg – 80 kg <input type="checkbox"/> 80 kg – 90 kg <input type="checkbox"/> 90 kg – 100 kg <input type="checkbox"/> 100 kg – 110 kg <input type="checkbox"/> 110 kg – 120 kg (discussion required with AWQ team) <input type="checkbox"/> exceeds 130 kg (wish recipient is not eligible for wish)</p>
<p>Has a Wish request been previously submitted for this patient?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', please provide the month of the previous Wish Request:</i> _____</p>

Key Contact of potential Wish Recipient Who is the preferred contact when discussing the Wish?			
<p><input type="checkbox"/> Potential Wish Recipient <input type="checkbox"/> Other <i>If 'Other', please complete details below.</i></p>			
Name		Mobile Number	
Email		Relationship to potential Wish Recipient	

What is the Wish Request?

Wish Request Form



Potential Wish Dates

Please list three preferred dates for the Wish:

Date 1:

Date 2:

Date 3:

Destination address

Potential Wish Recipient pick up location (for offsite wishes only)

Wish location (for onsite and offsite wishes)

Potential Wish Recipient Details

Primary diagnosis and other relevant medical history

Timeframe for wish to take place

This information helps us prioritise our referrals.

☐ Within the week ☐ Next week

☐ Within the month

☐ Next month

Is a Translator required?

☐ No

☐ Yes

If 'Yes', please specify what language is required:

Does the potential Wish Recipient identify as Aboriginal and Torres Strait Islander?

☐ Yes ☐ No

Person completing this form on behalf of the Wish Recipient

(must be signed by a Nurse Unit Manager, Treating Medical Doctor, Registered Nurse or Social Worker)

Full name

Relationship to Wish Recipient

Email

Mobile Number

I, the person completing this Wish Request Form on behalf of the Wish Recipient, acknowledge I have:

Wish Request Form



<p>(a) read and understood the Privacy Policy***** and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy; and</p> <p>(b) informed, and confirm that the potential Wish Recipient understands, that:</p> <ul style="list-style-type: none">(i) there is not guarantee that the requested Wish will be fulfilled; and(ii) the Wish program is free for the Wish Recipient.	
<p>***** For further details regarding the kind of information we collect and why, please see our Privacy Policy: https://palliativecareqld.org.au/wp-content/uploads/2023/10/Privacy-Policy-V1.pdf.</p>	
Signature	Date

Part B – Privacy consent from potential Wish Recipient

We, Ambulance Wish Queensland as a signature program of Palliative Care Queensland (**PCQ**), are required to collect personal information (including sensitive information such as health information) about you in order to consider your request for a Wish.

Where your request for a Wish is approved, we are also required to collect more personal information (including sensitive information such as health information) such as your clinical status, relevant medications, physical and mental condition, advance care planning documentation and so forth for the fulfilment of your Wish on the day.

To assist with interagency collaboration, we require your consent to exchange your information between your Palliative Care Service and PCQ. To the extent that a Substitute Decision Maker***** is providing information on your behalf, you consent to the indirect collection of your personal information from third parties.

Where consent is given, your consent will remain valid for the time needed to assess, and where approved, complete the Wish request. If at any time you wish to revoke this consent, please advise in writing to PCQ at hello@palliativecareqld.org.au.

The personal information we collect as part of the Wish process will be kept in PCQ archives for up to 5 years before its secure deletion or destruction within a reasonable timeframe.

For further details regarding the kind of information we collect and why, please see our Privacy Policy: <https://palliativecareqld.org.au/wp-content/uploads/2023/10/Privacy-Policy-V1.pdf>.

Acknowledgement and consent	
I am the...	<p><input type="checkbox"/> potential Wish Recipient identified in this Wish Request Form.</p> <p><input type="checkbox"/> Substitute Decision Maker of the potential Wish Recipient identified in this Wish Request Form.</p>
Acknowledgement	<p>I acknowledge and confirm that:</p> <p>(a) I have read and understood this Part B and the Privacy Policy;</p>

Wish Request Form



	<p>(b) I consent to the collection, use, and disclosure of the potential Wish Recipient's personal information (including sensitive information) in accordance with this Part B and the Privacy Policy;</p> <p>(c) I consent to the exchange of my personal information (including sensitive information) between the Palliative Care Service and PCQ; and</p> <p>(d) where applicable, I consent to the collection of personal information from the Substitute Decision Maker on my behalf.</p> <p>(e) <i>a requested Wish is not approved until Ambulance Wish Queensland has received the completed Wish Request Form and triaged the request.</i></p>
Full name	
Signature	
Date	
<p>*****The 'Substitute Decision Maker' includes the potential Wish Recipient's parent, guardian, carer, next of kin, the person holding an enduring power of attorney or appointed as statutory health attorney in respect of the potential Wish Recipient, or any other person authorised to make health decisions on behalf of the potential Wish Recipient.</p>	