



Email

Cellphone   Telephone

Title  Initials

Surname

First name(s) (as per identity document)

Relationship

Email

Cellphone   Telephone

### 3. Advance Healthcare Planning

Does the patient have an Advance Care Plan and/or Living Will? Yes  No

If "Yes", give the nominated third party's details or the proxy's details.

Title  Initials

Surname

First name(s) (as per identity document)

Relationship

Email

Cellphone   Telephone

### 4. About the referring doctor

Name and surname

BHF practice number  Speciality

Telephone

Email

Preferred method of communication

### 5. About the treating doctor

**Same as above**

Name and surname

BHF practice number

Speciality

Telephone

Preferred method of communication

Email

### Practice address

Unit/Suite number  Complex name

Street number  Street name

Suburb  Postal code





**Other supportive treatment**

Social Worker	<input type="checkbox"/>	Please specify:	<input type="text"/>
Counselling	<input type="checkbox"/>	Please specify:	<input type="text"/>
Home nursing (excluding frail care)	<input type="checkbox"/>	Please specify:	<input type="text"/>
Oxygen	<input type="checkbox"/>	Please specify:	<input type="text"/>
Hospice	<input type="checkbox"/>	Please specify:	<input type="text"/>
Referral to palliative care doctor	<input type="checkbox"/>	Please specify:	<input type="text"/>
Equipment (subject to option type and review)	<input type="checkbox"/>	Please specify:	<input type="text"/>
Other	<input type="checkbox"/>	Please specify:	<input type="text"/>


Planned date of next assessment

**11. Other treating doctors**

Name	Speciality	Phone	Email

I understand what the Advanced Illness Benefit or Compassionate Care Benefit can offer to the patient and that he/she is comfortable to proceed with registration.

Doctor's Signature  Date

By signing consent, I give permission for the identified next-of-kin to be contacted in order for us to assist with the patient's healthcare needs. I understand that as the patient's condition changes, other care treatment plans may be introduced and I give permission for other multidisciplinary healthcare providers to be contacted.

Member/patient or third party/proxy signature on behalf of the patient  Date

ECOG Performance Status <sup>1</sup>	Karnofsky Performance Status <sup>2</sup>
0 — Fully active, able to carry on all pre-disease performance without restriction	100 — Normal, no complaints; no evidence of disease 90 — Able to carry on normal activity; minor signs or symptoms of disease
1 — Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work	80 — Normal activity with effort, some signs or symptoms of disease 70 — Cares for self but unable to carry on normal activity or to do active work
2 — Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours	60 — Requires occasional assistance but is able to care for most of personal needs 50 — Requires considerable assistance and frequent medical care

ECOG Performance Status <sup>1</sup>	Karnofsky Performance Status <sup>2</sup>
3 — Capable of only limited self-care; confined to bed or chair more than 50% of waking hours	40 — Disabled; requires special care and assistance 30 — Severely disabled; hospitalisation is indicated although death not imminent
4 — Completely disabled; cannot carry on any self-care; totally confined to bed or chair	20 — Very ill; hospitalisation and active supportive care necessary 10 — Moribund
5 — Dead	0 — Dead

Karnofsky Performance Status (recipient age ≥ 16 years) <sup>2</sup>	Lansky Scale (recipient age ≥ 1 year and < 16 years) <sup>3</sup>
<b>Able to carry on normal activity, no special care is needed</b>	<b>Able to carry on normal activity, no special care is needed</b>
100 — Normal, no complaints; no evidence of disease	100 — Fully active
90 — Able to carry on normal activity; minor signs or symptoms of disease	90 — Minor restriction in physically strenuous play
80 — Normal activity with effort; some signs or symptoms of disease	80 — Restricted in strenuous play, tires more easily, otherwise active
<b>Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed</b>	<b>Mild to moderate restriction</b>
70 — Cares for self but unable to carry on normal activity or to do active work	70 — Both greater restrictions of, and less time spent in active play
60 — Requires occasional assistance but is able to care for most of personal needs	60 — Ambulatory up to 50% of time, limited active play with assistance/supervision
50 — Requires considerable assistance and frequent medical care	50 — Considerable assistance required for any active play, fully able to engage in quiet play
<b>Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly</b>	<b>Moderate to severe restriction</b>
40 — Disabled, requires special care and assistance	40 — Able to initiate quiet activities
30 — Severely disabled, hospitalisation is indicated, although death not imminent	30 — Needs considerable assistance for quiet activity
20 — Very ill, hospitalisation and active supportive care necessary	20 — Limited to very passive activity initiated by others (e.g. TV)
10 — Moribund, fatal process progressing rapidly	10 — Completely disabled, not even passive play

1. Sørensen J, Klee M, Palshof T, Hansen H. Performance status assessment in cancer patients. An inter-observer variability study. *British journal of cancer*. 1993;67(4):773.
2. Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. *Journal of Clinical Oncology*. 1984;2(3):187-93.
3. Lansky SB, List MA, Lansky LL, Ritter-Sterr C, Miller DR. The measurement of performance in childhood cancer patients. *Cancer*. 1987;60(7):1651-6.