

Referral note for Palliative care consultation		
Date of referral	YYYY-MM-DD	
Purpose of consultation (multiple choices allowed)	<div><input type="checkbox"/> management of patient’s pain, physical, and psychological symptoms</div> <div><input type="checkbox"/> enhancement of understanding about the disease and mediation decisional conflict</div> <div><input type="checkbox"/> psychosocial and emotional support for patients and families</div> <div><input type="checkbox"/> supporting setting care goals related to patient values and preferences</div> <div><input type="checkbox"/> providing information on available resources</div> <div><input type="checkbox"/> bereavement support</div> <div><input type="checkbox"/> consultation for medical assessment (etc. terminal and end-of-life phases)</div> <div><input type="checkbox"/> etc()</div>	
	Primary reason for consultation	
Preference for the specialized services of the Center for Palliative Care and Clinical Ethics (multiple choices allowed)	<div><input type="checkbox"/> Registration for SNUH Consultative Hospice (※Eligibility and conditions can be confirmed by the center)</div> <div><input type="checkbox"/> Provision of hospice information (including guidance on facilities)</div> <div><input type="checkbox"/> Use of end-of-life care rooms</div> <div><input type="checkbox"/> clinical ethics consultation (including consideration by ethics committee)</div> <div><input type="checkbox"/> None of the above</div>	
Patient’s medical issues/ concerns		
Patient’s medical condition	<div><input type="radio"/> Terminal stage: No possibility of fundamental recovery despite active treatment, with progressively worsening symptoms</div> <div><input type="radio"/> End-of-life stage: No possibility of recovery, with rapidly worsening symptoms despite treatment, and death is imminent</div> <div><input type="radio"/> Neither in the terminal nor end-of-life stage, but requires palliative care</div>	
Expected prognosis	<div><input type="radio"/> A few days <input type="checkbox"/> a few weeks <input type="checkbox"/> a few months <input type="checkbox"/> a few years <input type="checkbox"/> uncertain</div>	
Potential for functional recovery	Recovery to normal life (ADL, social engagement, etc)	<div><input type="radio"/> High likelihood <input type="checkbox"/> low likelihood <input type="checkbox"/> nolikelihood <input type="checkbox"/> uncertain</div>
	Recovery to pre-ICU admission status	<div><input type="radio"/> High likelihood <input type="checkbox"/> low likelihood <input type="checkbox"/> nolikelihood <input type="checkbox"/> uncertain</div>
	Significant consciousness recovery	<div><input type="radio"/> High likelihood <input type="checkbox"/> low likelihood <input type="checkbox"/> nolikelihood <input type="checkbox"/> uncertain</div>

Treatment plan	The best treatment plan as determined by the attending physician	
	Consistency of medical team opinions on treatment plan	<input type="checkbox"/> consensus <input type="checkbox"/> disagreement within the department <input type="checkbox"/> disagreement within other departments
Decisional issues	Issues to be addressed in decision-making based on the anticipated progression of the disease	
Physician-family discussion process	Briefly describe the progress of discussions with family members	
Family evaluation	Level of caregiving burden	<input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate to significant <input type="checkbox"/> severe <input type="checkbox"/> uncertain
	Level of psychological stress	<input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate to significant <input type="checkbox"/> severe <input type="checkbox"/> uncertain