

How can I access Palliative Care services?

When should I start Palliative Care?

The decision about when to contact a specialist Palliative Care service provider rest with the person who is unwell, their GP and/or medical specialist.

Some people may benefit from receiving Palliative Care services from the time they are diagnosed with a life-limiting illness. Others may find comfort in just connecting with a Palliative Care service during the early stages of their illness, so they know services will be available when they are required. If their health stabilises or improves, then Palliative Care services can be stopped and accessed again later if required.

Speak to your GP or treating doctor about Palliative Care

Have conversation with your GP about palliative care or if in hospital, speak with your treating team before discharge.

The goal of palliative care is to improve the person's level of comfort and function, and to address their physical, psychological, spiritual and social needs. If any of these needs are unmet, referral to a specialist Palliative Care Service would be appropriate.

Specialist Palliative care teams provide consultation and advice. They will liaise with the GP and primary healthcare team regarding their advice and treatment based on the needs of the patient, their carer(s) and family.

How do I find a Palliative Care service in my geographical location?

View [Palliative Care NSW Service Directory](#) via the [Palliative Care NSW](#) website or contact the Palliative Care NSW Service Guide, phone 02 8076 5604 or email pcguide@palliativecarensw.org.au

Specialist Palliative Care Services require a medical referral. This can be from your GP or other medical specialist (i.e. Respiratory or Cardiac specialist).

Specialist medical referral requirements?

Some services have developed a specific referral form. Otherwise, **referral requirements** usually include: demographic data, health fund/Medicare/DVA details; medical background and history (stage of illness), treatment (previous and current); current treatment and reason for referral (i.e. symptom management, terminal care, psychological support); current medications, copies of recent discharge summaries, investigation results; any patient/family concerns, understanding of disease, goals of care, spiritual/cultural needs; current services - if any community nurses, private agency, home packages and referral details - name, provider number and contact details, GP details - provider no, contact details.