

***This form is to be completed when the resident is identified as requiring palliative care***  
***Follow the instructions in the PCOC assessment and response protocol to help identify the residents requiring palliative care***

Resident identifier (assigned to Resident within the RACF):

Surname:

First Name:

Date of Birth:

Sex:

State:

Postcode:

**Country of birth (select one)**

Australia  Other \_\_\_\_\_

**Preferred language (select one)**

English  Other \_\_\_\_\_

**Indigenous status (select one)**

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin

**Diagnosis responsible for resident requiring palliative care principal life-limiting illness (select one)**

**Malignant**

- Bone & soft tissue cancer
- Breast cancer
- Central nervous system (CNS) cancer
- Colorectal cancer
- Other gastrointestinal (GIT) cancer
- Haematological cancer
- Head and neck cancer
- Lung cancer
- Pancreatic cancer (Pancreas)
- Prostate cancer
- Other urological cancer
- Gynaecological cancer
- Skin cancer
- Unknown primary malignancy
- Other malignancy

**Non-malignant**

- Alzheimer's disease
- Other dementia
- Motor neurone disease
- Other neurological disease
- Cardiovascular disease
- Diabetes & its complications
- End stage kidney disease
- End stage liver disease
- HIV / AIDS
- Multiple organ failure
- Respiratory failure
- Sepsis
- Stroke
- Other non-malignancy