Grampians Region MOTOR NEURONE DISEASE Shared Care Worker

Attach Bradma label here

➤ NOTIFICATION of admission to palliative care service of patient with MND

Date of admission to service:	
Servi	ce: □ Ballarat Hospice Care Inc □ Bacchus Marsh Community Palliative Care □ Central Grampians Palliative Care □ Wimmera Palliative Care Service
Issue	es - please list:
Other/Request:	
	nt Living Arrangements: ☐ Lives alone ☐ Lives with family ☐ Lives with others ☐ Not stated
Patier	nt Accommodation: ☐ Home ☐ Residential care-HLC ☐ Residential care-LLC ☐ SRS ☐ Other
Patier	nt sex: Male Female
Name	of Notifier: Date: Date:
Please attach any additional documentation (medical letters, pathology/radiology) and fax to (03) 5320 6493.	
	Contact Details: Julie Kidd MND Shared Care Worker
	Mobile: 0448 087 113

Email: Julie.kidd@bhs.org.au

Phone: (03) 5320 3858 Fax: (03) 5320 6493