



First name(s) (as per identity document)

Relationship

Personal email address

Cellphone           Telephone

### 3. Advance Care 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

Personal email address

Cellphone           Telephone

### 4. About the referring doctor

Name and Surname

BHF practice number

Speciality

Telephone           Preferred method of communication

Personal email address

Practice address

Postal code

### 5. About the treating doctor

Same as above

Name and surname

BHF practice number

Speciality

Telephone           Preferred method of communication

Personal email address

Practice address

Postal code

### 6. Clinical summary for patients with ADVANCED CANCER ONLY (treating doctor to complete)

Date of assessment

Date of cancer diagnosis           ICD-10 code:

Main cancer diagnosis

Current Stage TNM

TX  T0  T1  T2  T3  T4  NX  N0  N1  N2  N3  MX  M0  M1

If other, please specify:

Metastasis Yes  No  Unknown

Site of Metastasis Bone  Brain  Liver  Lung

If other, please specify:

Previous chemotherapy, radiotherapy and surgical interventions

  
  
  

Number of unplanned admissions in the past 6 months

Have you and your patient discussed why you are applying for this benefit at this stage?

Yes  No

Other relevant clinical information

  
  
  

Treatment intent

Palliative  Curative

Disease directed treatment ongoing?

Yes  No

If "Yes", provide the type of treatment e.g., radiotherapy, chemotherapy. Details:

  
  

If **palliative chemotherapy** is planned, provide details of **exact intent** of treatment, e.g., tumour response, improvement in function, symptom control (please specify). Details:

  
  

Treatment start date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Planned duration of treatment

If "No", provide the date and details of the last treatment.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Details

  
  

**7. Clinical summary for patients with NON-ONCOLOGY CONDITIONS ONLY (treating doctor to complete)**

Date of assessment

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of diagnosis

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ICD-10 code

Main Diagnosis

Number of unplanned admissions in the past 6 months

Have you and your patient discussed why you are applying for this benefit at this stage?

Yes  No

Treatment to date



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 plan 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 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**11. Other treating doctors**

Name	<input type="text"/>		
Speciality	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

Name	<input type="text"/>		
Speciality	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

I understand what the Advanced Illness Benefit can offer to the patient and that they are comfortable to proceed with registration.

Doctor's Signature	<input type="text"/>	Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

By signing consent, I give permission / give permission on their behalf for the identified next-of-kin to be contacted to allow 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	<input type="text"/>	Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

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
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> 100 — Normal, no complaints; no evidence of disease 90 — Able to carry on normal activity; minor signs or symptoms of disease 80 — Normal activity with effort; some signs or symptoms of disease	<b>Able to carry on normal activity, no special care is needed</b> 100 — Fully active 90 — Minor restriction in physically strenuous play 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> 70 — Cares for self but unable to carry on normal activity or to do active work 60 — Requires occasional assistance but is able to care for most of personal needs 50 — Requires considerable assistance and frequent medical care	<b>Mild to moderate restriction</b> 70 — Both greater restrictions of, and less time spent in active play 60 — Ambulatory up to 50% of time, limited active play with assistance/supervision 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> 40 — Disabled, requires special care and assistance 30 — Severely disabled, hospitalisation is indicated, although death not imminent 20 — Very ill, hospitalisation and active supportive care necessary 10 — Moribund, fatal process progressing rapidly	<b>Moderate to severe restriction</b> 40 — Able to initiate quiet activities 30 — Needs considerable assistance for quiet activity 20 — Limited to very passive activity initiated by others (e.g. TV) 10 — Completely disabled, not even passive play

- 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.
- Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. *Journal of Clinical Oncology*. 1984;2(3):187-93.
- 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.