

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Relationship	<input type="text"/>		
Cellphone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

3. Advance Healthcare Planning

Does the patient have an Advance Care Plan and/or a Living Will? Yes No

If "Yes", give the nominated third party's details or the proxy's details:

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Relationship	<input type="text"/>		
Cellphone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

4. About the referring doctor

Name and surname	<input type="text"/>		
BHF Practice number	<input type="text"/>		
Speciality	<input type="text"/>		
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice address			
Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Code	<input type="text"/>
Preferred method of communication	Email <input type="checkbox"/>	Post <input type="checkbox"/>	

5. About the treating doctor

Same as above	<input type="checkbox"/>		
Name and surname	<input type="text"/>		
BHF Practice number	<input type="text"/>		
Speciality	<input type="text"/>		
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Code	<input type="text"/>
Preferred method of communication	Email <input type="checkbox"/>	Post <input type="checkbox"/>	

Other supportive treatment

Social Worker	<input type="checkbox"/>	Please specify	
Counselling	<input type="checkbox"/>	Please specify	
Home Nursing (excluding frail care)	<input type="checkbox"/>	Please specify	
Oxygen	<input type="checkbox"/>	Please specify	
Hospice	<input type="checkbox"/>	Please specify	
Referral to palliative care doctor	<input type="checkbox"/>	Please specify	
Equipment (subject to plan type and review)	<input type="checkbox"/>	Please specify	
Other	<input type="checkbox"/>	Please specify	

Planned date of next assessment

D	D	M	M	Y	Y	Y	Y
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11. Other treating doctors

Name	Speciality	Phone	Email

I understand what the Advanced Illness Benefit can offer to the patient and that he/she is comfortable to proceed with registration.

Doctor's signature

 Date

D	D	M	M	Y	Y	Y	Y
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By signing consent, I give permission for the identified next-of-kin to be contacted in order for 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 member

 Date

D	D	M	M	Y	Y	Y	Y
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ECOG Performance Status ¹	Karnofsky Performance Status ²
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	40 — Disabled; requires special care and assistance

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ECOG Performance Status ¹	Karnofsky Performance Status ²
than 50% of waking hours	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) ²	Lansky Scale (recipient age > 1 year and < 16 years) ³
Able to carry on normal activity, no special care is needed	Able to carry on normal activity, no special care is needed
100 — Normal, no complaints; no evidence of disease	100 — Fully active
90 — Able to carry on normal activity; minor signs or symptoms of disease	90 — Minor restriction in physically strenuous play
80 — Normal activity with effort; some signs or symptoms of disease	80 — Restricted in strenuous play, tires more easily, otherwise active
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed	Mild to moderate restriction
70 — Cares for self but unable to carry on normal activity or to do active work	70 — Both greater restrictions of, and less time spent in active play
60 — Requires occasional assistance but is able to care for most of personal needs	60 — Ambulatory up to 50% of time, limited active play with assistance/supervision
50 — Requires considerable assistance and frequent medical care	50 — Considerable assistance required for any active play, fully able to engage in quiet play
Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly	Moderate to severe restriction
40 — Disabled, requires special care and assistance	40 — Able to initiate quiet activities
30 — Severely disabled, hospitalisation is indicated, although death not imminent	30 — Needs considerable assistance for quiet activity
20 — Very ill, hospitalisation and active supportive care necessary	20 — Limited to very passive activity initiated by others (e.g. TV)
10 — Moribund, fatal process progressing rapidly	10 — Completely disabled, not even passive play

1. 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.
2. Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. Journal of Clinical Oncology. 1984;2(3):187-93.
3. 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.