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|--|-----------------------------------|--|
|  Queensland Government Medical Aids Subsidy Scheme Queensland Health | (Affix identification label here) | |
| | Family name: | |
| | Given name(s): | |
| Palliative Confirmation Palliative Care Syringe Driver Program | Date of birth: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I |

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

MASS administers the Palliative Care Syringe Driver Program (PCSDP) on behalf of the Department of Health. This program provides access to a syringe driver to eligible applicants with a palliative condition in their end stage of life.

This form is to confirm that the below named applicant has a palliative condition with a likely prognosis of one month or less and therefore meets the clinical eligibility to receive assistance through the program.

Note: A Palliative Care Specialist* **MUST** confirm the applicant's likely prognosis of one month or less.

This form may be completed by one of the following methods:

1. The applicant's Palliative Care Specialist in the first instance.
2. The applicant's Treating Medical Officer with an attached email from the Palliative Care Specialist confirming the likely prognosis of one month or less.
3. The applicant's Treating Medical Officer with the name and phone number of the Palliative Care Specialist who has confirmed the likely prognosis of one month or less also noted on the form.

In order to access assistance through the MASS PCSDP, this eligibility requirement must be met.

| Applicant Details | |
|---|---------------|
| Name | Date of Birth |
| Address | |
| Suburb / town | Post code |
| Email | Telephone |
| Treating Medical Officer- Doctor, GP, Registrar or Specialist | |
| Doctor Name | Profession |
| Organisation | |
| Organisation Address | |
| Suburb / town | Post code |
| Email | Telephone |
| Signature | Date |
| Initial Assessment | |
| <input type="checkbox"/> I am the applicant's Treating Medical Officer and have consulted with a Palliative Care Specialist (insert details below), who has confirmed the applicant's condition has a likely prognosis of one month or less. OR <input type="checkbox"/> I am the applicant's Palliative Care Specialist and confirm that the applicant's condition has a likely prognosis of one month or less. | |
| Consulting Palliative Care Specialist (PCS) | |
| Not required if Palliative Care Specialist has completed the form as the treating Medical Officer | |
| PCS Name | Telephone |
| Organisation | |

***Palliative Care Specialist Definition:** A Doctor who is an AHPRA designated Palliative Medicine Specialist / Physician.

Upload to MASS-eApply or Email completed form to a MASS Service Centre

Email: MASS-SpecialisedServices@health.qld.gov.au

Telephone: 07 3136 3696

Website: health.qld.gov.au/mass

DO NOT WRITE IN THIS BINDING MARGIN

