

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

Other relevant clinical information

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Treatment intent Palliative Curative

Disease directed treatment ongoing Yes No

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

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

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Treatment start date

Planned duration of treatment

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

Date

Details

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

Date of assessment

Date of diagnosis

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

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Other relevant clinical information including any functional classification scoring system related to the condition e.g. NYHA and pathology results

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Treatment intent Palliative Curative

8. Performance status (treating doctor to complete for patients ≥ 16 years)*

| Current Performance status* | | Performance status 6 months ago* | |
|--|----------------------|--|----------------------|
| ECOG Performance Status ¹ | <input type="text"/> | ECOG Performance Status ¹ | <input type="text"/> |
| Karnofsky Performance Scale ² | <input type="text"/> | Karnofsky Performance Scale ² | <input type="text"/> |

*Refer to page 5 for more information

9. Performance status (treating doctor to complete for patients ≤ 16 years)*

| Current Performance status* | | Performance status 6 months ago* | |
|-----------------------------|--|----------------------------------|--|
| Lansky Scale ³ | | Lansky Scale ³ | |

*Refer to page 5 for more information

10. Palliative care plan (treating doctor to complete)

| Medication | | | | |
|------------|------|-----------|----------|--------|
| Item | Dose | Frequency | Duration | Repeat |
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Other supportive treatment

- Social Worker Please specify: _____
- Counselling Please specify: _____
- Home Nursing
(excluding frail care) Please specify: _____
- Oxygen Please specify: _____
- Hospice Please specify: _____
- Referral to palliative care doctor Please specify: _____
- Equipment
(subject to plan type and review) Please specify: _____
- Other Please specify: _____

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Planned date of next assessment

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|---|---|---|---|---|---|---|---|
| 2 | 0 | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

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

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|---|---|---|---|---|---|---|---|
| 2 | 0 | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 0 | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

| ECOG Performance Status ¹ | Karnofsky Performance Status ² |
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| 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) 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.