# Consultation form Kuido Palliativo Korsou - Form for physician

| | |
|---|---|
| Date Consult: | |
| Name Constant: | . |
| Admission: | . |

| | |
|---|---|
| GP: | |
| Other care givers: | |

**Physician:**

| | |
|---|---|
| Name: | |
| Phone nr: | |
| Email: | |
| Function: | . |

**Patient**:

| | |
|---|---|
| Name: | |
| Sex: | . |
| Date of Birth: | |
| Location | . |

**Question:**

**Diagnosis:** .

**Other relevant diagnosis:**

**Prognosis:** .

**Medication:**

| Name: | Dosis: | Start: | Stop: |
|---|---|---|---|
| | | | |
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# Consultation form Kuido Palliativo Korsou - Form for consultant

**Consultation Concerning:**

**Issues:**

- ☐ Moral support physician
- ☐ Palliative sedation
- ☐ Coping problems
- ☐ Daily function
- ☐ Care givers
- ☐ Farmacological advise
- ☐ Organisation of care
- ☐ Existential problems
- ☐ n.a.
- ☐ Other:

**Symptoms:**

- ☐ Fear
- ☐ Anorexia
- ☐ Ascites
- ☐ Dyspnea
- ☐ Decubitus/wounds
- ☐ Cough
- ☐ Ileus
- ☐ Itching
- ☐ Edema
- ☐ Nausea/vomiting
- ☐ Mouth problems
- ☐ Constipation/Diarrhea
- ☐ Pain
- ☐ Sleep problems
- ☐ Swallowing problems
- ☐ Urogenital problems
- ☐ Depression
- ☐ Delirium
- ☐ Fatigue
- ☐ Other:

**Findings:**

**Priorities patient/kin:**

**Conclusion:**

**Advise:**

**Bedside consult:** .

**How is advice formed:** .

**Time consult:**

**Time awnser:**

**Date Follow up:**

# Consultation form Kuido Palliativo Korsou - MDO and Follow up

## MDO:

Date:

Present:

- ☐ Graaf
- ☐ Schnog
- ☐ Samson
- ☐ Andrea
- ☐ Bilton
- ☐ Biggelaar

Concordant: .

**Additional advise:**

**Follow up:**

Date:

Was intial advise usable?: .

MDO advise feed back .

Date advise feed back:

**Additional advise:**

**Date consult closed:**

**Patient died on location of preference:** .