

**Renal Health Network**  
**A Pathway for Renal Palliative Care Services in Western Australia**  
**Consultation Feedback Form**

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**1. Demographic Information**

<b>Title:</b> Mr/Miss/Mrs/Ms/ Dr	
<b>Full Name:</b>	
<b>Postal address:</b>	
<b>Email address:</b>	
<b>Telephone:</b>	
<b>Organisation:</b>	
<b>Position:</b>	

**2. Does your feedback represent an individual or group/organisational perspective?**

**An individual**

**A group/organisation**

**3. To what extent do you agree with the proposed renal palliative care pathway described in Section 7 (Figure 6) of *A Pathway for Renal Palliative Care Services in Western Australia*? (please mark one box below):**

**Strongly agree**

**Agree**

**Neutral**

**Disagree**

**Strongly disagree**

**4. What do you believe are the strengths of the document '*A Pathway for Renal Palliative Care services in Western Australia*'?**



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**5. What do you believe are the gaps or limitations of the document '*A Pathway for Renal Palliative Care services in Western Australia*'?**

**6. Do you believe there will be implementation issues or barriers for establishing renal palliative care services in Western Australia?**

- Yes**      **Please detail below any implementation issues or barriers.**  
**No**        **Please GO TO Question 6.**



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7. Please provide below any other comments concerning any aspect of the pathway and/or the '*A Pathway for Renal Palliative Care services in Western Australia*' document.

This is an electronic form.

If you use yahoo, hotmail, gmail etc, save the form to your computer, attach it to your email and forward it to [healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au)

If you use Outlook, press the 'Submit Form' button. You will be asked to select your email format. Please select the 'Desktop Email' option.

Thank you for taking time to provide feedback  
for the "A Pathway for Renal Palliative Care services in Western Australia."

