

THE SUPPORT TEAM ASSESSMENT SCHEDULE (STAS)

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Signature of Applicant

Date

Name:

Address:

Email:

Telephone (UK only):

Location where you may use STAS (please circle as appropriate):

home care / day care / hospice / general practice / community
nursing / oncology unit

Do you plan to use STAS? (please circle as appropriate)

yes definitely / possibly / not sure / no

Please return this form to:

palliativecare@kcl.ac.uk OR

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