

HOSPICE CARE FOR BURNLEY & PENDLE
Pendleside, Colne Road, Reedley, Burnley. BB10 2LW
Tel: 01282 440100 Fax. 01282 440123

Referral For : (Please tick)

- | | | | | | |
|----------------------------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|
| Hospice at Home | <input type="checkbox"/> | Day therapy | <input type="checkbox"/> | Inpatients | <input type="checkbox"/> |
| Hospice at Home Extended Service | <input type="checkbox"/> | Complementary Therapy | <input type="checkbox"/> | Physiotherapy | <input type="checkbox"/> |
| | | Psychological Support | <input type="checkbox"/> | | |

(PLEASE COMPLETE AS FULLY AS POSSIBLE TO AVOID DELAY IN REFERRAL TO THE SERVICE)

Name.....

Date of Birth Age.....

Address Tel. No

..... Postcode

Diagnosis Date of Diagnosis

Current Location of Patient.....

REASON FOR REFERRAL

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Marital Status..... Ethnic Group.....

Next of Kin (Name and Address) Relationship to patient

.....

..... Tel. No

Main Carer (if different from Next of kin) Relationship to patient

.....

..... Tel No.....

GP Tel. No.

District Nurse Tel No.

Macmillan Nurse Tel. No.

Social Worker Tel. No

Current Support Provided by Professional.....

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Details of Current Illness – Please include consultants' names.

Site of metastasis

Surgery.....

Radiotherapy.....

Chemotherapy

Hormone Therapy

Current Medication

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Relevant Past Medical History

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Allergies

Name & Position of Referrer (BLOCK CAPITALS)

.....

Signature.....

Tel. No (Including STD code) Date