Pendleside Hospice Referral Form

Email: pendlesidehosp.referrals@nhs.net **Telephone: 01282 440100**

Please complete as fully as possible to avoid delay in referral to the service

Has the patient consented to this referral?				Yes ☐	No ☐
Has the patient consented to sharing healthcare information e.g EMIS Sharing				Yes ☐	No ☐
Patient Name		Date of Birth		Age	
Address (incl. postcode)		Marital Status			
		Ethnicity			
		NHS Number			
		Current location of the patient			
		Does the patient live alone?		Yes ☐	No ☐
Tel. Number		Mobile Number			

Referral Priority	☐ **Urgent**	☐ **Soon**	☐ **Routine**

Referral for (tick all that apply)

INPATIENTS	**HOSPICE AT HOME**	**DAY SERVICES**	**MEDICAL**	**FAMILY SUPPORT**
☐ Assessment	☐ Hospice at Home	☐ Day Service	☐ Outpatient	☐ Counselling
☐ Symptom Control	☐ Extended Service (Last days of Life)	☐ Complementary Therapy	☐ Home Visit	☐ Spiritual Care
☐ Last Days of Life	☐ Penpals Volunteers	☐ Physiotherapy		☐ Complementary Therapy
☐ Rehabilitation		☐ Psychological Support		
		☐ Drop In Clinic		

Clinical Information

Diagnosis (incl date)	COVID-19 test?	Yes ☐	No ☐
	⇨ Date of COVID-19 test ⇨ Result		
Site of Metastases:	COVID-19 Symptoms? Temp/Cough	Yes ☐	No ☐
	Allergies		

Reason for Referral (including current situation and problems)

Treatment (incl dates)	**Relevant Past Medical History**
Surgery:	
Chemotherapy:	
Radiotherapy:	
Hormone Treatment:	

Patient Name:	
Current Medication	
Next of Kin (name and address)	**Relationship to patient**
	Telephone no:
	Mobile no:
Main Carer (if different to Next of Kin)	**Relationship to patient**
	Telephone no:
	Mobile no:
Patient's GP	**Telephone no:**
Patient's Consultant	**Telephone no:**
District Nurse	**Telephone no:**
Specialist Palliative Care CNS	**Telephone no:**
Social Worker	**Telephone no:**
Other	**Telephone no:**
Current support provided by professional(s)	
Name of Referrer (Block Capitals)	**Position**
Telephone No:	**Mobile No:**
Signature:	**Date:**

*****Please email completed referral form to: Pendlesidehosp.referrals@nhs.net*****

Referrals can be made over the phone, if you are unable to email form