

Office Use only	Hospice Number.....
Date of receipt.....	Date Referral Form Reviewed.....
Date 1 st Contact.....	First Visitby CCNS /Doctor



REFERRAL FOR PALLIATIVE CARE

Medical in Confidence

REFERRAL TO:

Main Service Requested tick Community Clinical Nurse Specialist <input type="checkbox"/> In-Patient <input type="checkbox"/> Day Care <input type="checkbox"/>	Dr Fiona Downs, Dr Ruth Isherwood, Dr Till Kroeber Strathcarron Hospice, Randolph Hill, Denny, FK6 5HJ Tel: 01324 826222 SAFE FAX 01324 826119
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URGENCY OF REFERRAL

Routine <input type="checkbox"/> (up to 10 working days)	Urgent <input type="checkbox"/>	* tick one
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*If urgent please phone to discuss with medical staff

PATIENT DETAILS:

Name	Date of birth	CHI No
Address with postcode	Current location if different	
Phone no	Phone no	

REFERRING PRACTITIONER DETAILS:

Name	GP Practice name & address
Tel:	
Fax:	

Consultants or Specialist services currently involved

eg Stoma, site specific CNS, oncologist, Area Rehab give contact number if not local

Name	Service/Speciality	Location

Name:

CHI number:

Date of birth:

DIAGNOSIS including histology, site and dates

HISTORY OF THIS ILLNESS from diagnosis.

Please include radiological/pathological results & treatment given.

DATE WHEN BLOODS LAST TAKEN:

CURRENT CARE ISSUES ie physical signs and symptoms

CURRENT SOCIAL, PSYCHOLOGICAL & SPIRITUAL ISSUES

REASON FOR REFERRAL and EXPECTATION OF OUTCOME

eg symptom control, end of life care, assessment, maximising potential

Name:

CHI number:

Date of birth:

PAST MEDICAL HISTORY

CURRENT AND RECENT MEDICATION

CLINICAL WARNINGS (eg allergies blood-borne viruses)

Have any discussions taken place regarding Advance Care Planning (ACP)?

If yes, please specify

Does the patient have an ePCS? Yes / No

Is there a DNACPR in the patient's home? Yes / No

If so, is it still valid? Yes / No

Please summarise any discussions regarding CPR including patient/carer understanding of any DNACPR decisions

ADDITIONAL RELEVANT INFORMATION

Does the patient smoke? Yes / No

NB If the patient smokes, please inform that Strathcarron Hospice is a smoke free environment – both in the buildings and in the surrounding grounds

Alcohol

Yours Sincerely

Date