

Referral form

For your convenience the form is available in 2 versions. One for hand writing *StrathReferral.doc* and one, which can be completed electronically in Word *StrathRefElectric.doc*. Completion information for sections is shown below. The electronic version has these instructions build in [see electronic completion.](#)

Once complete please fax 01324 826119 (safe fax) or post to Strathcarron. If faxing please ensure patient name and identifiers are on each page. (The electronic version does this automatically.)

Completion of sections

Main service requested

Can be left blank see referral guidance for referral pathway and service.

Referring Practitioner details

Referrer Name.

If referrer is not GP, Give name & the job title.

Eg Sister Mary Brown
District Nurse

In electronic version type name press return and type the job title this will be copied to the greetings line at the end of the form.

Practice name & address

GP address give GP name if they are not referrer. Please note that GP must give permission for the referral.

Other consultants or Specialist services currently involved

Please include all professionals involved in the care of this patient and their contact details. For any unusual contacts please add phone number of location. All of these people will be included in subsequent correspondence.

Diagnosis including histology, site and dates

Diagnosis. For cancer including primary site/s with, histology, dates of diagnosis and any metastatic disease. Extent of disease. For neurological patients include date of diagnosis, Progression of disease.

History of this illness from diagnosis

-please include radiological & pathological results and treatments given.

Current care issues physical signs symptoms

Include pain or other symptom control e.g. Constipation / diarrhoea, nausea, vomiting, breathlessness, cough, other respiratory, intestinal obstruction, anorexia, cachexia and nutrition, depression, anxiety or confusion. Performance status/level of disability. Rehabilitation requirements. Neurological patients-please include pain, spasm, swallow, speech, feeding, continence, mobility & cognitive status.

Current family social psychological & spiritual issues

Complex psychosocial, emotional, spiritual or bereavement issues

Social circumstances e.g. living alone, young family

Co-morbidity of carer / family

Reason for referral and expectation of outcome

Main reason for referral and expectations. May be symptom control, terminal care, rehabilitation, psychological, spiritual, social or family issues.

Electronic Completion

Open the file in Word (StrathRefElectric.doc)

Document is set as form. Data entry is only allowed in the fields, which show up as shaded areas on the form. The remainder of the form has been protected.

Use mouse and right click on each tick box to select.



Use tab key to move between fields for completion.



Use Return key to move down within a field.

In most fields the status bar will show you instructions for completion of the field you are in. Additional help may be available by pressing F1.

The file is read only so you have a blank copy to use again so you must save via *File save as* & type your chosen name.

Any problems call Mari Alcorn at Strathcarron 01324 826222