**Patient Referral Form for Specialist Palliative Care** **Private and Confidential**

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St John’s Hospice, Slyne Road, Lancaster, LA2 6ST

Telephone: 01524 382538

**Please complete ALL questions and email to** [**MBCCG.SJH.Referrals@nhs.net**](mailto:MBCCG.SJH.Referrals@nhs.net?subject=SJH%20Patient%20Referral)**.**

**Incomplete forms will cause delay in this referral being processed.**

Charity Number

1157030

**Is the patient aware of & consents to referral?** Y / N **If No, give details:**

**Has the patient consented to electronic record sharing?** Y / N

**Service(s) requested: (please delete if not applicable)** Inpatient Admission Community Services

|  |  |
| --- | --- |
| **Patient Details:**  Name: Gender:  Address:  Date of Birth: Age:  NHS No:  Tele No: Home:  Mobile:    Keysafe? Y / N | GP:  Address:  Tele No:  Current location of patient:  Contact No if not at home:  Does the patient live alone? Y / N  Does the patient have any dependants? Y / N |
| **First Contact:**  Relationship to patient:  Address:  Postcode:  Tele No: Aware of referral?: Y / N | **Main Carer** (if different):  Relationship to patient:  Address:  Postcode:  Tele No: Aware of referral?: Y / N  Has the patient: Continuing care Y / N A care package Y / N |
| **Diagnosis**: Date of Diagnosis: | |
| **What are your reasons for referring this patient?**  **Current Problems** | |

|  |  |
| --- | --- |
| **Medication Issues**  Is the patient currently on Oxygen therapy? Y/ N If Yes, please specify the flow rate:  **Allergies:**  **Relevant Medical History** | |
| **Others Professionals involved**:  District Nurse:  Specialist Nurse:  Consultant: | Social Worker:  Physio:  Occupational Therapist:  Other: |
| **Advance Care Planning:** Is the patient on GSF Register? Y / N Current GSF Status:  PPC: PPD:  Has the patient got: ‘Just in Case’ drugs? Y / N DNACPR form status: | |
| **Current Risks / Specific Needs**  **To patient (e.g Mobility Issues, Infections, Safeguarding, Pressure Ulcers, Wounds, Dietary Requirements, Plus size):**  **To staff (e.g Access issues, Pets, Challenging Behaviour):** | |
| **Please add any other comments or information which may be helpful:** | |
| **Referred by**:  Name:  Job Title:  Organisation:  Referral date:  Email address:  Tele No: | |

**Upon completion, save a copy of this referral form and email it to** [**MBCCG.SJH.Referrals@nhs.net**](mailto:MBCCG.SJH.Referrals@nhs.net?subject=SJH%20Patient%20Referral)