



**Living for Today**  
**Please tick programme they wish to attend**

<p><b><u>Caring with Confidence</u></b> (for Carers only) Six week programme. <span style="float: right;">Tick programme: <input type="checkbox"/></span></p> <p>Carers Name:</p> <p>Carers Address:</p> <p>Carers phone number:</p>
<p><b><u>Healthy Living</u></b> (for patients) Four week programme. <span style="float: right;">Tick programme: <input type="checkbox"/></span></p> <p>Is the patient mobile, willing and able to attend in a simple exercise programme at the hospice    Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b><u>Time to Create - Arts and Crafts</u></b>(for patients) Six week programme. Tick programme: <input type="checkbox"/></p> <p>What are their interests:</p>
<p><b><u>Coping with Stress- ways to relax and restore</u></b> (for patients) Six week programme. Tick programme: <input type="checkbox"/></p> <p>Have there been any recent mental health issues    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have there been any recent bereavements:                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>
<p><b><u>Breathlessness</u></b> (for patients and carers) three- five week programme. <span style="float: right;">Tick programme: <input type="checkbox"/></span></p> <p>What is the cause of the breathlessness?</p> <p>Have reversible causes for breathlessness been recently excluded    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the patient currently known to have;</p> <p>Chest infection:                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Anaemia:                                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Pleural effusion:                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Ascites:                                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is patient on oxygen                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Rate Details/ litres per minute:</p> <p>For non cancer patients only-Have they attended pulmonary rehab Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no why?</p>
<p><b>Fax referral form to Pilgrims Hospice:</b>  <b>Ashford 01233 504132 Canterbury 01227 812606 Thanet 01843 233931</b>  <b>Or telephone referral to Pilgrims Hospice:</b>  <b>Ashford 01233 504115 Canterbury 01227 812617 Thanet 01843 233924</b></p>

**Download more referral forms from website: [www.pilgrimshospice.org](http://www.pilgrimshospice.org) and click 'for professionals'. If the patient is too unwell to attend clinic and needs referral to our full range of hospice services please complete a Specialist Palliative Care referral form.**