Specialist Palliative Care Referral Form

Kent & Medway Network

October 2010

Patient Details		
Surname	Male/Female	Office use
First Name		
Address	DoB	
Post Code	Ethnicity	
Telephone:		
Mobile Telephone	NHS No:	

Place of care at present: HOME/HOSPITAL/NURSING HOME/RESIDENTIAL HOME

Patient lives alone: YES/NO Patient has consented to referral Yes ☐ No☐

Primary diagnosis(es) and key treatments

Treatment is:

Curative ☐ Palliative ☐

Gold Standards Framework Register ☐

ALLERGIES:

Service Requested

Home Care ☐ Hospital Care ☐ Day Care ☐ Hospice Admission ☐

Psychological/Social Support ☐ Lymphoedema ☐ Carer Support ☐ Other ________________

Special Consideration

First language if not English ____________________ Communication in English Good/Fair/Poor

Other barriers to communication – e.g. hearing loss/confusion

Would an interpreter be helpful YES/NO

Other consideration Disability/Bariatric Care **Infection status**

Next of Kin/Main Carer	**Services Involved:**	**General Practitioner**
Name	District Nurse YES ☐ NO ☐	Name
Telephone	Social Services	Address
Mobile telephone	Care Manager YES ☐ NO ☐	Postcode
	Specialist Nurse YES ☐ NO ☐	Telephone
	Team_________________________ (Please specify)	Fax/email:
	Community Matron YES ☐ NO ☐	PCT number:

DNACPR Completed ☐ Not Completed ☐

IS REFERRAL URGENT (assess with 2 working days)? ☐ Yes ☐ No

IF URGENT, PLEASE PHONE US FOR IMMEDIATE ADVICE

Specialist Palliative Care Referral Form

Kent & Medway Network

October 2010

Name ____________________________ Date of Birth ________________________

Inpatient details

Hospital | Consultant
Ward | Telephone
Date of discharge (if known/planned) | Extension

Is Hospital Palliative Care Team involved YES ☐ NO ☐

Current issues/problems (e.g. symptoms, psychosocial issues, insight)

-
-
-
-
-

Medication

SC infusion in progress YES ☐ NO ☐ Please attach medication list/TTO's

Transdermal patch YES ☐ NO ☐

Clinical correspondence attached:

	YES		YES
Recent hospital letters	☐	Medication list/TTO's	☐
GP enhanced encounter form	☐	Other	☐

Other comments (e.g. insight, psychosocial issues)

Person completing this form:

Name ___________________________ Designation _______________________ Contact details ____________________

Location ________________________ Date _______________________

Ashford	**Pilgrims Hospice** Telephone: 01233 504100 Fax: 01233 504132	**Thanet**	**Pilgrims Hospice** Telephone: 01843 233920 Fax: 01843 233931
Canterbury	**Pilgrims Hospice** Telephone: 01227 812612 Fax: 01227 812606	**Tunbridge Wells**	**Hospice in the Weald** Telephone: 01892 820500 Fax: 01892 820520 clinical@hitw.org.uk
Dartford & Gravesham	**Ellenor Lions Hospices** Telephone: 01474 538508 Fax: 01474 326260	**William Harvey Hospital** **Kent & Canterbury Hospital**	Tel/Fax: 01233 616024 Tel: 01227 766877 x 736 Bleep 238
Maidstone	**Heart of Kent Hospice** Telephone: 01622 792200 Fax: 01622 718920	**Darent Valley Hospital** **Maidstone Hospital**	Telephone: 01322 428293 Fax: 01322 428294 Telephone: 01622 225024 Fax: 01622 225116
Medway & Swale	**Wisdom Hospice** Telephone: 01634 830456 Fax: 01634 845890 wisdom.hospice@nhs.net	**Medway Maritime Hospital**	Telephone: 01634 833807 Fax: 01634 833912 wisdom.hospice@nhs.net
QEQM Hospital	Telephone: 01843 225544 Fax: 01843 220048	**Kent and Sussex Hospital**	Telephone: 01892 632346 Fax: 01892 632939