Adult Palliative and End of Life Care Referral Form

All sections of this form must be completed to ensure that the process is not slowed down by services having to check details with the referrer. If a section is not relevant please put 'Not Applicable'.

All referral forms must be sent to the Mary Ann Evans Hospice – Clinical Services please by the following:
NHS secure email: geh.maryannclinical@nhs.net FAX No: 024 7686 5451 POST: Director of Clinical Services, Mary Ann Evans Hospice, Eliot Way, George Eliot Hospital Site, Nuneaton, CV10 7QL. Please mark envelope as private and confidential.
For urgent same day response referrals please telephone: DAY HOSPICE 024 7686 5433 HOSPICE AT HOME - 024 7686 5441

Criteria for Referral: **The patient has a diagnosis of advancing life limiting illness and;**

- Symptom control or other complex problems, which are escalating or are unable to be managed by the current clinical team. These symptoms may be physical, psychological, spiritual, social, or family and carer orientated issues.
- Complex social needs resulting from their illness or whose families show exceptional emotional distress.
- Prior to referral patients with capacity must consent. Referral must be judged to be in the best interests of patients who lack capacity.

Patient details

NHS Number:	Patient consents to Referral: Yes ☐ No ☐ Unable ☐ *If No please give details on next page.*	**Service required:** Day Services ☐ Community Services ☐ Carer support ☐ Pre- bereavement ☐
Surname: Sex: Male ☐ Female ☐	Date Of Birth: Age:	
First Name:	Marital Status:	
Address:	Ethnicity:	
	Religion:	
Post Code:	Telephone:	Mobile:
Referrer's signature:	Name (please print):	
Job title:	Contact number:	Bleep No:
Surgery or Hospital:	Date:	

Next of kin/patient representatives	**District Nurse:** Involved Yes ☐ No ☐	**General Practitioner:** Informed Yes ☐ No ☐
Name:	Name:	Name:
Address:	Based at:	Address:
	Telephone:	
	Fax:	Post code:
Telephone:	**Social Services:** Involved Yes ☐ No ☐	Telephone:
Mobile:	Name:	Fax:
Relationship to patient:	Based at:	Email:
Main Carer (if different from above)	Telephone:	
Name:	Fax:	Continuing health care assessment completed: Yes ☐ No ☐ Funding Agreed ☐
Telephone:	**Other professionals involved:**	
Mobile:		
Relationship to patient:		

Communication First language if not English:

Would an interpreter be helpful to patient or palliative care staff? Yes ☐ No ☐

Other barriers to communication, eg. hearing loss, confusion.

Communication in English (please tick)
Good ☐ Fair ☐ Poor ☐

Patient Name:

Inpatient details (if appropriate)		
Hospital:	Ward:	Hospital Number:
Telephone:	Direct Ward Ext:	Date of discharge (if known):
Consultant (1):		Consultant (2):
Hospital Palliative Care team involved: Yes ☐ No ☐ Key Team CNS/Contact:	MRSA Status: Positive ☐ Negative ☐ Unknown ☐	C Diff. Status: Positive ☐ Negative ☐ Unknown ☐

Main Diagnosis(es):
Other Significant Medical & Mental Health Problems:

Brief history of diagnosis(es) and key treatments		
Date	Progression of disease and investigations/treatment	Consultant and hospital
Estimated prognosis: Days ☐ Weeks ☐ Months ☐ Years ☐		
OACC Phase of Illness *(at time of referral)* Stable ☐ Unstable ☐ Deteriorating ☐ Dying ☐		

The patient is currently ☐ At home ☐ In hospital ☐ Elsewhere (eg. NH, with family – please state)	If at home, does the patient live alone? Yes ☐ No ☐ *If not living alone, who is at home with the patient:*
Preferred place of care:	Preferred place of death *(if different to care):*
Reason for Referral: ☐ Pain / symptom control ☐ Patient Emotional / psychosocial / spiritual support ☐ Carer support ☐ Other reason. Please outline the **issues** & specify what **treatments or strategies** have already been tried:	

Allergies/Sensitivities:
Current Medication:

Insight

Has patient been told diagnosis? Yes ☐ No ☐

Is patient aware of prognosis? Yes ☐ No ☐

Does patient discuss the illness freely? Yes ☐ No ☐

Is the carer aware of patient's prognosis? Yes ☐ No ☐

Is the carer aware of patient's referral? Yes ☐ No ☐

Please provide details if any "No" responses