

Notes on completing General Referral Form

This form is a prioritisation tool for us to obtain all the information we need to allocate the right patient an appropriate place at the right time within the right service.

We cannot possibly obtain all clinical information using this form. What we are asking for on the form is what we need to allocate a place.

We also ask for relevant clinical correspondence to be sent with the referral:
at least the last 3 relevant clinic letters/reviews and most recent scan & blood results. Patients admitted to the Inpatient Unit and attending Day Hospice for the first time will need to bring their current medication (or if not possible then an up-to-date list). We welcome any additional information regarding patients which you feel is important for us to know prior to us meeting them.

Page 1: At top please tick box for service you are referring to & Patient's preferred location for care.

Complete all sections of page 1 with as much detail as possible within the space provided. When reviewing many referrals at allocation we cannot read through several pages of information - we rely on your summary of the situation on the form itself.

Any details left blank may lead to a delay in allocation of a place if there is insufficient information as we will need to spend time collecting that information for ourselves.

Section A: Patient Details:

Please complete each subsection in full.

Other services involved: Please list services already involved (eg organised carers and frequency, Hospice at Home, Marie Curie night sitters). Please also inform us as to whether the patient has Continuing (Health) Care Funding or whether they have been referred.

Section B: Clinical Details:

Please complete each subsection in full.

Diagnosis: We need date originally diagnosed and if cancer ideally the histology/cell type.

Stage: For cancer – the extent of spread ie actual site and date metastases were diagnosed; For non-cancer – the degree of organ failure [as shown on form eg GFR for renal failure] or for conditions such as MND – a guide to the speed of deterioration.

Estimated prognosis: If you or patient have not been told previously please try to give us your estimated prognosis as this guide will help us prioritise the patient appropriately.

Other significant Medical conditions: Please list (eg diabetes, angina, osteoarthritis, COPD).

Active Hospital Treatment within last month: We need to know date and details of recent chemotherapy/radiotherapy/other (eg dialysis or surgery).

Current Problem List: Please list only here (eg Nausea & Vomiting, Anxiety, Pain) but provide details later on relevant section of page 2.

Particular requirements for patient: Please describe individual patient's needs (eg interpreter; hoisted; tracheostomy requiring suction; on continuous oxygen).

Children (0-18 yrs) involved: This will help us to prioritise the patient for Children's Counselling Services if appropriate. **CPR status:** If this decision has been made we want to know the decision. We will reassess and make our own judgement when the patient is under our care.

Patient fully aware of: This Referral: Patient must be aware of and agree to referral if they have capacity, if they don't have capacity then referral must be thought to be in the patient's best interests. **Patient fully aware of Diagnosis/Prognosis:** Complete this to the best of your knowledge – if uncertain if patient is fully aware of prognosis please state this.

Page 2: Section C/D: Referral for Inpatient Care/Day Hospice:

Please complete appropriate section(s) as described giving more detail here regarding reason for referral and what you hope patient will gain from our input.

Referrer's Name/Title/Tel. no: We need this information on both pages in case the pages become separated and we need to contact you. Please ensure the telephone number you give us will enable us to contact you (mobile number or alternative colleague if you will be unavailable). version20.11.09