



## REFERRAL FORM

Before completing this referral, please read the information on page 2  
**and** tick the box to indicate that you have done so:

Circle M / F	Title	First Name	Last Name	Preferred Name		
Date of Birth		Hospital Number	NHS Number	GP Name & Practice		
Address			Telephone Number		Referrer Name (Please print)	
			Mobile Number			
Post Code			Patient Location at time of referral	Referrer Role		
Main Diagnosis			Other Significant Conditions		Referrer Base	Contact Number
					Referrer Signature	Date

Rationale for Referral – Please provide as much information as possible to include what is happening with your patient to have prompted this referral and what issues/concerns you require the hospice to address.

### Hospice Service(s) Required – tick or circle the relevant box(es)

<b>Admission to Inpatient Unit</b>	<b>Palliative Care Clinical Nurse Specialist*</b>	<b>Supportive Care* (Hospice at Home)</b>
<b>Creative &amp; Support Therapy</b>	<b>Complementary Therapy</b>	<b>Physiotherapy</b>
<b>Counselling (individual)</b>	<b>Counselling (couples)</b>	<b>Bereavement Support</b>

\*Additional information to be submitted alongside this referral form

Does the patient have capacity to consent to this referral? (circle) YES NO

If YES, sign here to confirm that the patient consents to the referral:

If NO, sign here to confirm that the decision to refer is in the patient's best interests:

**Note: we cannot accept a referral for a patient who has capacity and does not consent**

Detail any safeguarding concerns here:

Detail any communication difficulties here:

Preferred place of care:

Preferred place of death:

DNA CPR order in place? Yes/No  
(circle as appropriate)

**Smoking is not permitted on hospice premises or in the grounds. Please ensure your patient is aware of this**

We will contact you should we require more detailed information to ensure we are able to meet your patient's needs

## East Lancashire Hospice - Referral Guidance Notes

These notes are to help you to decide if, after your assessment, your patient may benefit from hospice services and which service is most appropriate to meet his/her needs.

East Lancashire Hospice is a registered charity (number 1075653) providing specialist, supportive and end of life (last days) care for people with advanced, progressive life limiting illnesses.

Your patient must be registered with a GP in Blackburn, Darwen, Hyndburn or the Ribble Valley.

**\*Palliative Care Clinical Nurse Specialist (CNS) Service** is for patients with complex needs requiring specialist advice and support beyond generalist palliative care. The service provides expert assessment and advice on management of complex pain and other symptoms, psychological support and support for advance care planning. Patients are usually seen in their own home. A palliative care clinical nurse specialist additional information form must be completed for all referrals to this service in addition to the referral form on page 1. Patients with Hyndburn and Ribble Valley GPs are supported by Palliative Care Specialist Nurses employed by East Lancashire Hospitals NHS Trust – the electronic referral form can be found on EMIS

**\*Supportive Care (Hospice at Home) Service** supports patients in their own homes. A hospice at home additional information form must be completed for all referrals to this service in addition to the referral form on page 1. Your patient will be assessed by one of our team to identify needs and appropriate support from specially trained health care assistants or volunteers will be put in place. Support can be overnight or during the day.

### Support and Wellbeing Service

**You must tell us if the patient/client is receiving similar therapies from a different provider.**

- **Creative and Support Therapies** aim to help patients to develop strategies to overcome life's obstacles, increase confidence and independence, manage changes in health and plan for the future through creative therapeutic group activities. Full days or half days are available.
- **Complementary Therapy** aims to promote relaxation, relieve stress and anxiety and improve coping abilities. It also gives 'time out' to enhance energy levels and restore equilibrium. Therapies include massage, aromatherapy, reflexology and reiki. Patients will have a tailor-made treatment plan after an initial assessment and taster session. Carers of patients may also access the service but require a separate referral. Referrals for carers on the same form as the patient's will not be accepted.
- **Physiotherapy** aims to maximise independence and dignity and reduce the extent to which disease impacts on day to day activities. Patients are supported to develop skills to manage symptoms such as breathlessness, pain, weakness and fatigue.
- **Family Support:**
  - **Counselling** provides one to one support in a safe, private, confidential and non-judgemental space in which to explore thoughts, feelings and emotions and find new ways of coping with situations such as fears for the future. Carers/relatives of patients may also access counselling services – a separate referral form must be used. Referrals for carers on the same form as the patient's will not be accepted.
  - **Couples Support** is for the patient and his/her partner to explore their thoughts, feelings and emotions together with the support of the counsellor. Please complete separate referral forms for each person.
  - **Bereavement Support** offers one to one or group support to anyone over the age of 18 who is grieving irrespective of time, cause or relationship. There is no requirement to have had previous contact with hospice services.

**Please note that our Family Support Service provides level 3 psychological support for people suffering from the impact of serious life limiting illness or grief. We are not be able to meet the needs of people with complex mental health or substance misuse problems who are receiving or need mental health care services**

**Admission to the Inpatient Unit** is for patients requiring specialist palliative care that cannot be delivered at home. This includes complex symptom management, difficult to manage symptoms, severe distress and care in the last days of life when symptoms are uncontrolled or the hospice is the patient's preferred place of death. Most admissions are planned – we are not an emergency service. We prioritise allocation of beds according to the patient's needs so it is important that you provide details of your patient's condition and the issues you want us to address. You must exclude potentially reversible acute medical problems that may account for your patient's deterioration before referring your patient as these may need hospital intervention.

**Please note that we are unable to offer inpatient respite care.**