



PALLIATIVE CARE - CLINICAL NURSE SPECIALIST REFERRAL FORM

Email to: admin.eastlancashirehospice@nhs.net
Tel Numbers for Clinical Administration: 01254 916983/965864

Rationale for Referral: Referrals for Specialist Palliative Care Nurse input should meet the following criteria for people registered with a Blackburn with Darwen GP:

A life limiting illness where general palliative care options have been exhausted and there is a complexity of symptoms causing distress that are not responding to current care pathways.

Please ensure you fully complete all sections as referrals will be triaged to determine priority. The detail in your information will support this process.

Where there are no complex needs at the present time or needs/symptoms are being managed please consider referral to the District Nursing Service in the first instance.

If referrals are urgent, please follow up with a phone call to Clinical Administration on telephone numbers 01254 916983/965864 who will bring to the attention of the CNS team.

Circle M / F	Title	First Name	Last Name	Preferred Name	
Date of Birth		Hospital Number	NHS Number	GP Name & Practice	
Address			Telephone Number		
			Mobile Number	Referrer Name (Please print)	
Post Code			Patient Location at time of referral	Referrer Role	
Main Diagnosis				Referrer Base	Contact Number
				Referrer Signature	Date
Past Medical History					
Current Services Involved				Visit Risks	
Next of Kin			Relationship to Patient	Contact Number	

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

Does the patient have (please tick and provide details):

Any Safeguarding concerns

Communication difficulties

Preferred place of care

Preferred place of death

A DNACPR order in place

An Advance Care plan

Just-in-case Medications/
Anticipatory Medications

Care Package

Current Problems / Symptoms

Please advise on the symptom[s] and what has already been tried.

Examples are pain, agitation/confusion, breathing, Nausea and vomiting, emotional distress, carer distress

Symptoms:

What has already been tried:

Any additional information on the current situation (mobility/social/risk)