



REFERRAL FORM - Supportive Care (Hospice at Home)

Email to:

admin.eastlancashirehospice@nhs.net

Telephone numbers for Clinical Administration: 01254 916983 / 965864

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

In completing this form, you are confirming that your patient has consented to this referral and has the capacity to do so or that you are referring based on best interest decision (please state in box below).

Note: Referrals from Community nursing referrals should be completed on EMIS SPoA template

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 Supportive Care (Hospice at Home) team.

Individual referral forms for all other hospice services are available on the hospice website.

Supportive Care (Hospice at Home) Service supports patients in their own home during the day and/or overnight.

The service compliments any existing support from your GP, District Nurses and others involved in your care.

Assessment by the District Nursing/HaH may then be provided from hospice trained health care assistants/volunteers

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			Other Significant Conditions	Referrer Base	Contact Number
				Referrer Signature	Date

Hospice at Home Service Required – tick or circle the relevant box

Befriending		Wellbeing & Enabling Support		Supported/Early Discharge	
Intensive Support		End of Life Care/ Last days of life		Ad-hoc/Planned Respite Support	

Rationale for Referral: Please provide as much information as possible [1] what is happening with your patient at present [2] why your assessment has prompted this referral [3] the issues/concerns you believe the service can help with.

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		
Just in case/Anticipatory medicines		
Uncontrolled symptoms/distress		
We may contact you should we require more detailed information to ensure we are able to meet your patient's needs		

Contact Details	Patient Name	Date
Next of Kin (NoK) Name		Contact No
Address		Note: NoK may be contacted to complete support plan

Emergency Contact Name	Emergency Contact No
Has consent been given to share care related information with this person	
YES / NO	

Named District Nurse	Telephone No
Fax Number	Mobile No
Base	Team

Patient aware of diagnosis	YES / NO	Patient aware of prognosis	YES / NO
District Nursing care plan available in the property			YES / NO

Details of other services/professionals involved in care:			
	Contact Name:	Contact Number:	Details of Input
Private Care Agency:			
Social Worker:			
Marie Curie:			
Clinical Nurse Specialist:			
Complex Case Manager:			
Family Support: Detail of main contact where family are providing care/support			

Falls Screening information		Additional Information
Has the risk of falls been identified?	YES/NO	
Has the patient experienced any falls in the last 12 months?	YES/NO	
Has referral been made for a falls assessment?	YES/NO	

Property Details	House		Bungalow		Flat		Other	
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Are there any issues finding, accessing or maintaining security at the property when staff are visiting – on arrival or leaving?	
Are there any people that the patient does not want to visit them?	
What pets are located at the property, are there any considerations to minimise risk?	
Telephone access: Is a landline in the property? Is there suitable mobile phone signal?	
Are there any hazards / risks / circumstances at the property that require management eg fire risk/oxygen.	
Facilities for staff use during visit eg type of seating at night	
Are there any rooms / areas of the property where access is denied / specific instructions	
Additional comments	

Additional Information: