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| **St Teresa’s Hospice Multidisciplinary Referral Form**  |
| **Referral Date: Referral Time:** | **Office use only**Referral taken by: |
| **Patient Name (inc title):****Preferred name:** | **Referrer Details:****Name:** | **Profession:** |
| **DOB:** | **Age:** | **Sex:** [ ]  **M** [ ]  **F** | **Address:** |  |
| **NHS No:** | **Post code:** | **Tel:** |
| **Address:****Post code: Tel:****Living Alone?** [ ]  **Yes** [ ]  **No****Temporary address:****Ethnic Origin: Religion:****Language:****NOK and/or Main Carer** (name & relationship):**Address:****Tel: Mobile:**  | **Hospital:****Ward number:** |  |
| **GP Surgery:** |  |
| **Professional Support:****Name:****1.****2.** | **Organisation:** | **Designation:** |
| **Diagnosis: Date:****Prognosis:** [ ]  Days [ ]  Weeks [ ]  Months |
| **Which service is needed?** |
| [ ] In Patient Unit[ ]  Nurse Consultant[ ]  Lymphoedema[ ]  Family Support Team (Social Work/counselling)[ ] *Macs use only* | [ ] Day Hospice[ ] Heart Failure Clinic[ ] Respiratory Clinic[ ] Neurology Clinic[ ]  Acupuncture[ ]  Massage | [ ] Rapid Response **(Darlington)**[ ] Hospice at Home[ ] Home Care **(CHC only)**[ ]  Volunteer Visitor  | [ ] Satellite Day HospiceNY[ ] Respiratory Group NY[ ] Blood Transfusion[ ] Other |
| **Referral Priority?**  | [ ] Urgent  | [ ] *Routine*  |  |
| **Current symptoms/Problems/Assessed Needs:** |
| [ ]  Pain | [ ]  Nausea/vomiting | [ ]  Breathlessness | [ ]  Bedbound | [ ]  Psychological |
| [ ]  Anxiety | [ ]  Agitation | [ ]  Confusion | [ ]  Housebound | [ ]  Social  |
| [ ]  Falls/Risk of falls  | [ ] Delirium  | [ ]  Constipation | [ ]  Lymphoedema  | [ ]  End of life care |
| [ ]  Mobility | [ ] Needs assistance  | [ ] Fully mobile  | [ ] Communicate needs  |  |
| [ ] Other (please specify)  |  |  |  |  |
| **Reason for referral: PLEASE SELECT ONE REASON ONLY** | **FST Referrals Only** |
| [ ] Symptom Control | [ ] Blood Transfusion |  | [ ] Bereavement Support |
| [ ] End of Life Care | [ ] Lymphoedema |  | [ ] Support for Carers |
| [ ] Crisis Management | [ ] Emotional/Psychological/Carer Support  | [ ] Advice & Support |
| **Please tick if this referral is preventing a hospital admission:** | [ ] Prevent Hospital Admission |
| **Please expand (i.e. specific reason for referral):** |
| **DNACPR in place:** [ ] Yes [ ] No | **ACP:** [ ] Yes [ ] No | **CHC funded:** [ ] Yes [ ] No |
| **Equipment in the home:** |
| **Has patient agreed to the referral?** [ ] Yes [ ] No**Has the patient agreed to share out** (*information from our unit*) **their Electronic Record?** [ ] Yes [ ] No [ ] Not asked**Has the patient agreed to share in** (*information from other units*) **their Electronic Record?** [ ] Yes [ ] No [ ] Not asked |
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| Addressograph: |



**Additional Information:**

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| **Current Medical History** |
| **Treatment to date**Chemotherapy: Yes  No  Radiotherapy: Yes  No Surgery: Yes  No  Date of surgery if within 12 months: | Is the patient currently taking any oral/S/C  Oncology treatments that they would be taking/ administering whilst an inpatient: Yes  No  If yes please give details:  |
| **Significant Past Medical History:** Heart Disease  Respiratory disease  On oxygen therapy  Diabetes: Type 1 Type 2  Renal disease  liver disease  Psychotic illness  Personality changes  Aggression  Dementia  Substance abuse  Epilepsy/Prone to seizures  Other: **Infectious diseases:** CDiff  MRSA  |
| **OACC Assessment Scores:****Phase of Illness: …………………………. Karnofsky: …………………………. Barthel: ………………………….** |
| **Allergies:** No  Yes (please state): |
| **PPC:** Home  Hospice  Hospital  Care Home  Other (please state):**PPD:** Home  Hospice  Hospital  Care Home  Other (please state): |
| **Does the patient have capacity:** Yes  No  If **No** please supply **‘Best Interest/DOLs’** documentation  |
| **Wounds/skin integrity:** |
| **Nutrition:** |
| **Breathing:** |
| **Communication:** |
| **Other information and main reason for referral:** |
| **Next of Kin****Name:** **Address:** **Post code:** | **Relationship to Patient:** **Tel no (home):** **Tel no (work/mobile):**  |