



REFERRAL FORM

Hospice@Home Team

The Martlets Hospice
Wayfield Avenue
HOVE BN3 7LW

Tel: 01273 964164
Fax: 01273 273450
SC-TR.PalliativeCare@nhs.net

In order to assist us to process this referral appropriately, please ensure this form is completed using the GSF Prognostic Indicators as guidance. www.goldstandardsframework.nhs.uk

IS REFERRAL URGENT (advice/assessment within 2 working days)? Yes* [] No []
And/or contact by Hospice@Home team within 6 hours Yes* [] No []
*If yes please phone for immediate advice

Patient Details / Label
Surname, First Name, Address, Postcode, NHS number, Hospital No., Religion, Patient consent referral, Is GP aware of referral, Office Use, Marital Status, Ethnicity, Tel, Mobile Tel.

Primary diagnosis(es) with dates (NB There is a box overleaf to give details of disease and treatment history)
PPC if known: DNACPR in place? Yes/No

Next of Kin/Patient Representatives, Community Nurse, General Practitioner, Main Carer, Social Services. Includes fields for Name, Address, Telephone, Fax, and assessment status.

Reason for Referral, Service requested, The patient is currently. Includes checkboxes for various reasons and service types, and a section for patient mobility/performance status.



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PATIENT NAME/NHS NUMBER :

Table with 2 columns: In-Patient details (if applicable) and Hospital/Telephone information. Rows include Hospital, Ward, Consultant 1/2, and discharge information.

Brief history of diagnosis(es) and key treatments **NB please enclose copies of recent correspondence & results**

Table with 2 columns: Date and Progression of disease and investigations/treatment. Multiple rows for detailed history.

Current problems

Table with 2 columns for listing current problems, numbered 1 through 6.

Any other comments/information (including psychosocial or spiritual issues and communication difficulties)

Large empty box for additional comments or information.

Estimated prognosis: Less than 1 month [] 1-6 months [] 6-12 months [] More than 12 months []

Table with 3 columns: Past Medical and Psychiatric History, Current Medication, and Known Drug Sensitivities/Allergies. Includes a section for Pacemaker/ICD?

Insight

Has patient been told diagnosis? Yes [] No [] Is patient aware of estimated prognosis? Yes [] No [] Does patient discuss the illness freely? Yes [] No [] Is carer aware of estimated prognosis? Yes [] No []

Please ensure patients are aware information will be held on computer according to the Data Protection Act.

Table for Referrer's information: Name, Job title, GP Surgery or Hospital, Signature, Contact number, Bleep no, and Date.