****

**Referral Form**

|  |
| --- |
| **Date of referral:**  **Time of referral:** |
| **Method of referral:** Telephone[ ]  Verbal[ ]  Written [ ]  Self [ ]  |
| **Urgency:** Routine[ ]  Urgent [ ]   |
| **Referral for:** Inpatient Unit[ ]  Day Services[ ]  Medical Outpatient[ ]  Medical Outreach[ ]  Social Work[ ]   |
| **Referral taken by (Name):** |

*\* Please complete – essential information*

|  |
| --- |
| **Patient’s details** |
| **\*Name:** | **\*DOB/Age**  |
| Address:Postcode: | Phone number: |
| Ethnicity/language: | **\*NHS No:** | EMIS No: |
| Patients Current Location:  |

 **\*Has the patient given consent to view & share medical records**  **YES/NO**

|  |
| --- |
| **Referrer’s details** |
| Name: | Position: |
| Organisation:Address: | Phone number: |
|  |
| **Clinical Details** |
| Diagnosis: | Date: |
| DNACPR: Yes [ ]  No [ ]   | **Capacity ?**Yes [ ]  No [ ]  Best Interests Decision [ ]   |
| Key issues/reason for referral: |
| Other significant medical problems? Any mental health/psychological issues? |
| Any possibility of C.diff, MRSA, or other infection: Yes [ ]  No [ ]   |
| Does Patient Smoke – If YES please explain Hospice Smoking policy Yes [ ]  No [ ]  [EV.HS.0220 Smoking Policy.pdf](https://edenvalleyhospice.sharepoint.com/%3Ab%3A/s/EdenValleyHospiceJigsaw-InformationSite/ESsWDKTK52BKnTwIRj2KfcYB3tE8UmrfluWrW0jhrz4TNQ?e=uJTMHf)  |

|  |
| --- |
| **Home situation** |
| Who does the patient live with?  |
| Who provides care? | How is care funded?What is the Care Package? |
| Any other relevant issues relating to family, Next of Kin: carers or home situation: Full name:   Contact details:  Do they have power of attorney?Finance [ ]  Health & Wellbeing [ ]   |

|  |
| --- |
| **Key professionals** |
| GP name & surgery: | Tel: |
| Consultant(s) name & location: | Tel: |
| CNS Palliative Care: | Tel: |
| Other relevant professionals: | Tel: |

|  |
| --- |
| **Other relevant information** |
|   |

|  |
| --- |
| **Action Taken** |
| Date: |  | Signature: |
| **Referral Rejected:**  |
| Inappropriate Moved out of area Patient cannot be contacted Patient died Referred to hospital Patient refuses service Referred to another organisation Referred to another service within organisation  |

**Please email to** **evh.jigsaw@nhs.net**

**Version 2 09.03.2023**