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**Referral Form**

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| **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*

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| **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**

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| **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/:b:/s/EdenValleyHospiceJigsaw-InformationSite/ESsWDKTK52BKnTwIRj2KfcYB3tE8UmrfluWrW0jhrz4TNQ?e=uJTMHf) | | | |

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| **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 | |

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

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| **Other relevant information** |
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| **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**](mailto:evh.jigsaw@nhs.net)

**Version 2 09.03.2023**