



Referral Form

Date of referral:	Time of referral:
Method of referral: Telephone <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Self <input type="checkbox"/>	
Urgency: Routine <input type="checkbox"/> Urgent <input type="checkbox"/> 2week <input type="checkbox"/>	
Referral for: Inpatient Unit <input type="checkbox"/> Day Hospice <input type="checkbox"/> Outpatient Medical <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Family Support <input type="checkbox"/> Complementary Therapy <input type="checkbox"/> Reiki Therapy <input type="checkbox"/> Sunflower Carer's Group <input type="checkbox"/> Social Work – Patient's <input type="checkbox"/> Social Work – Families/carers <input type="checkbox"/>	
Referral taken by (Name):	

Patient's details		
Name:	DOB/Age	
Address:	Phone number:	
Postcode:		
Ethnicity/language:	NHS No:	EMIS No:

Referrer's details	
Name:	Position:
Organisation: Address:	Phone number:
Has the patient given consent to view & share medical records YES/NO	

Clinical Details	
Diagnosis:	Date:
DNACPR: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Key issues/reason for referral:	
Other significant medical problems? Any mental health/psychological issues?	
Any possibility of C.diff, MRSA or other infection: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Patient Smoke – If YES please explain Hospice Smoking policy Yes <input type="checkbox"/> No <input type="checkbox"/>	

Home situation

Who does the patient live with?

Who provides care?

Any other relevant issues relating to family, carers or home situation:

First point of contact:

Full name:

Contact details:

Do they have power of attorney?

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