East Cheshire NHS
NHS Trust

East Cheshire Specialist Palliative Care

Referral Form

East Cheshire Hospice
Where people come to live

MACMILLAN. CANCER SUPPORT

Date received ___/___/___ **ID number:** _____

1. Patient Details

Title _____ Surname _____

Forename(s) _____

D.O.B _____ Age _____ M/F _____

NHS Number _____

Home Address _____

_____ Postcode _____

Home Phone _____

Mobile Phone _____

Lives Alone? _____ Ethnicity _____

Religion _____

Current Location of patient (include ward if inpatient)

_____

2. N.O.K. / Carers details

Name _____

Relationship to Patient _____

Address _____

_____ Postcode _____

Home Phone _____

Mobile Phone _____

3. Community Health Care Professional Details

GP Name _____

GP Practice _____

GP Phone _____

GP aware of Referral Yes/No

District Nurse Team _____

DN Tel No _____

Social Worker _____

SW Tel No _____

Palliative Care Nurse Specialist _____

Tel No _____

Other Professionals involved _____

4. Hospital Details

Hospital (1) _____

Consultant (1) _____

Hospital (2) _____

Consultant (2) _____

Clinical Nurse Specialist _____

Location _____

Other Specialist _____

Location _____

5. Service Required (please tick)

Macmillan Specialist Palliative Care Team Please Fax to 01625 661378

☐ Inpatient Hospital Review

☐ Community Review

☐ Palliative Medicine Consultant Outpatient Clinic

East Cheshire Hospice Please Fax to 01625 665697

Inpatient Admission

Is this referral for **Action Now** ☐ or **Hold on File** ☐

☐ Symptom Management

☐ Optimisation/Rehabilitation

☐ End of Life Care

Sunflower Centre

☐ Wellbeing assessment

☐ Living Well

☐ OT assessment

☐ Breathlessness programme

☐ Lymphoedema assessment

☐ Art Psychotherapy

☐ Complementary Therapy

☐ Physiotherapy assessment (for Community physiotherapy, please refer directly to Community Rehab team, fax no. 01625 661856).

Separate referral forms for Blood transfusions, Dementia and MND Wellbeing can be found on the hospice website www.eastcheshirehospice.org.uk under 'Professionals'

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Name of patient _____ **D.O.B.** ___ /___ /___

6. Clinical Information about the patient

Primary diagnosis _____ Date _____

Sites of Metastases & dates _____

Treatments received and dates _____

_____

Significant Past Medical History _____

_____

Allergies _____ Infection Risk _____

Any other relevant information _____

Patient's understanding of illness _____

NOK understanding of illness _____

Resuscitation discussions and outcome _____

uDNR-CPR form completed and with patient? Yes / No

Internal cardiac defibrillator (ICD)/ pacemaker insitu? Yes / No _____

Patient Preferred Place of Care (PPC) _____ Preferred Place of Death (PPD) _____

Continuing Health Care (CHC) Funding Approved? Yes / No

Are the patient and their N.O.K aware of this referral? Patient Yes / No N.O.K Yes/No

Has the Patient given consent for health and social care staff involved in their care and treatment to view their health records? Yes / No

Current situation and reason for referral to Specialist Palliative Care _____

_____

_____

_____

Please Indicate on Karnofsky Performance Scale the Current Status of the Patient (circle number)

Normal; no complaints; no evidence of disease	100
Able to carry on normal activity; minor signs or symptoms of disease	90
Normal activity with effort; some signs or symptoms of disease	80
Cares for self; unable to carry on normal activity or to do active work	70
Able to care for most needs; but requires occasional assistance	60
Considerable assistance and frequent medical care required	50
In bed, more than 50% of the time	40
Almost completely bedfast	30
Totally bedfast and requiring extensive nursing care by professionals and/or family	20
Comatose or barely rousable	10

Referrer's signature _____ **Printed Name** _____

Designation _____ Contact Number _____ Date ____ / ____ / ____

Macmillan Specialist Palliative Care Team (9am-5pm Monday-Friday) Tel 01625 663177, Fax 01625 661378

Bleep via MDGH Switchboard for Urgent Advice 9am-5pm Monday-Friday 1004 (9602 for Lung Cancer Patients)

East Cheshire Hospice 24 hr Advice line 01625 666999