

# Specialist Palliative Care Referral Form

Kent and Medway Specialist Palliative Care Network

**Confidential Document: Please fax both sides of this form to 01622 718920**

PLEASE PRINT CLEARLY AND USE BLACK INK

## Patient Details

Surname	Male/Female	Patient consent to Palliative Care involvement <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Use
First Name		Is GP aware of referral?	
Address			
	Ethnicity		
Post Code	Tel		
Marital Status	Mobile Tel		
NHS No	DoB	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any known faith affiliation or spiritual interests and needs?			

## Primary diagnosis(es)

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### Reasons for referral

- Pain/symptom control
- Emotional/psychological support
- Terminal care
- Social/financial
- Assessment for hospice admission
- Carer support
- Other reason e.g. (spiritual, lymphoedema)

### Service required

- Home assessment and support
- Hospital assessment
- Admission
- Day Care
- Other

### Patient Mobility:

### The patient is currently

- at home
  - in hospital (see over)
  - elsewhere (e.g. Nursing Home)
- Does patient live alone  Yes  No  
With whom?

### Communication

First Language if not English: \_\_\_\_\_ Communication in English Good Fair Poor (*please circle*)  
 Would interpreter be helpful to patient and Palliative Care staff?  Yes  No  
 Other barriers to communication e.g. hearing loss, confusion

### Next of Kin/Patient Representatives

Name
Address
Telephone
Relationship to patient

### District Nurse Yes No

Name
Based at
Telephone
Fax

### General Practitioner

Name
Address
Postcode
Telephone

### Main Carer (if different from above)

Name
Telephone
Relationship to patient

### Social Services Yes No

Name
Based at
Tel Fax
Continuing care assessment completed: Yes/No

Fax/email
PCT number:

### CPR Status

- For CPR
- Not for CPR

**IS REFERRAL URGENT (assess within 2 working days)?  Yes  No IF URGENT, PLEASE PHONE US FOR IMMEDIATE ADVICE**

**PLEASE SEND COPIES OF RECENT CLINICAL CORRESPONDENCE WITH THIS FORM**

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## In-Patient details

Hospital	Telephone
Ward Direct Ward Ext.	Date of discharge (if known)
Consultant (1)	Consultant (2)
Is Palliative Care team involved? <input type="checkbox"/> Yes <input type="checkbox"/> No MRSA Status <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known	

## Brief history of diagnosis(es) and key treatments

Date	Progression of disease and investigations/treatment	Consultant and hospital

## Current problems

1.	4.
2.	5.
3.	6.

**Referrer's expectation of current treatment** (circle) symptom control / life prolonging / curative

**Estimated prognosis** (circle) days / weeks / months / years

## Past Medical and Psychosocial History

## Current Medication/Allergies


## Insight

Has patient been told diagnosis?  Yes  No Is the carer aware of patient's diagnosis?  Yes  No

Does patient discuss the illness freely  Yes  No Comment:

## Any other comments/information

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

Referrer's signature:

Name: (please print)

Job title:

Contact number: Ext/Bleep no:

Surgery or Hospital:

Date:

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## Fax Contact Sheet

Area	Hospice Service	Hospital Service
Ashford	<b>Pilgrims Hospice</b> Hythe Road, Willesborough, Ashford, Kent TN24 0NE Telephone: 01233 504100 Fax: 01233 504132	<b>William Harvey Hospital</b> Kennington Road, Willesborough, Ashford Kent TN24 0LZ Tel/Fax: 01233 616024
Canterbury	<b>Pilgrims Hospice</b> 56 London Road, Canterbury, Kent CT2 8JA Telephone: 01227 459700 Fax: 01227 812606	<b>Kent &amp; Canterbury Hospital</b> Ethelbert Road Canterbury, Kent CT1 3NG Tel: 01227-766877 x 73606 Bleep 238
Dartford & Gravesham	<i>Medical services provided by single Ellenor Medical Team. All referrals initially to appropriate Ellenor Team.</i> <b>Ellenor Foundation – Dartford</b> Livingstone Hospital, East Hill, Dartford, Kent DA1 1SA Telephone: 01322 221315 Fax: 01322 626503 <b>Ellenor Foundation – Gravesend</b> Conifers, 347 Singlewell Road, Gravesend, Kent DA11 7RL Telephone: 01474 365828 Fax: 01474 567703 <b>Lions Hospice</b> Coldharbour Road, Northfleet, Kent DA11 7HQ Telephone: 01474 320007 Fax: 01474 564018	<b>Darent Valley Hospital</b> Darenth Wood Road Dartford, Kent DA2 8AB Tel: 01322 428293 Fax: 01322 428294
Maidstone	<b>Heart of Kent Hospice</b> Preston Hall, Aylesford, Kent ME20 7PU Telephone: 01622 792200 Fax: 01622 718920	<b>Maidstone Hospital</b> Hermitage Lane, Maidstone, Kent ME16 9QQ Tel: 01622 225024/225256 Fax: 01622 225116
Medway & Swale	<b>Wisdom Hospice</b> St Williams Way, Rochester, Kent ME1 2NU Telephone: 01634 830456 Fax: 01634 845890	<b>Medway Maritime Hospital</b> Windmill Road, Gillingham, Kent ME7 5HY Tel: 01634 833807 Fax: 01634 833807
Thanet	<b>Pilgrims Hospice</b> Ramsgate Road, Margate, Kent CT9 4AD Telephone: 01843 233920 Fax: 01843 233931	<b>QEQM Hospital</b> St. Peter's Road, Margate, Kent CT9 4AN Tel: 01843 225544 x 65074/65153 Fax: 01843 234529
Tunbridge Wells	<b>Hospice in the Weald</b> Maidstone Road, Pembury, Tunbridge Wells, Kent TN2 4TA Telephone: 01892 820500 Fax: 01892 820520	<b>Kent and Sussex Hospital</b> Mount Ephraim, Tunbridge Wells Kent TN2 4AT Tel: 01892 526111 x 2346 Fax: 01892 528381

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