Overgate HOSPICE

Calderdale and Huddersfield NHS
NHS Foundation Trust

WE ARE MACMILLAN. CANCER SUPPORT

REFERRAL TO CALDERDALE COMMUNITY SPECIALIST PALLIATIVE CARE SERVICE

Patient details: (print clearly – no labels)

Hospital No: …… NHS No: ……..

Surname: …… First name: ……..…….. Title: ……. DOB**:** …….

Address**:** …… Age: …… Sex: M/F

…… ……

…….…… Post code: …… Tel No: ……..

Current location: ……Tel No: ……..

Lives alone: YES/NO Religion: Ethnicity: Occupation:

Name/relationship of carer: ……..

DOES THE PATIENT REQUIRE OXYGEN? YES/NO
DOES THE PATIENT CONSENT TO SYSTMONE RECORD SHARING? YES/NO

Next of kin/carer details:

Full name: …… Relationship: …….. Tel No: ……

Address: ……

…… Post code: ……

NOK contact (if different): ……..

Disease status:

Diagnosis: …….. Date of diagnosis: ……

Spread/complications: ……

Disease stage: **early/advanced** Disease management: **curative/non-curative**

Past/current treatments: ……..

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Patient's understanding of diagnosis: ……..

Carers understanding of diagnosis: ……..

Is patient aware of referral: ☐ Yes ☐ No

Professionals involved:

Consultant(s): …….. GP:…….…. D/N:……

…… …… Tel: …….. Tel: ……..……

…….. Address: …… Address: ……..…

……..…….. …….. ……..……..

Other (including clinical nurse specialists): ……

…….. …….. ……

Please complete both pages of referral form

PTO

Patient name: **DOB:**

Specialist palliative care needs

Please state as fully as possible the main problems that have led to the request for specialist palliative care assessment. Include relevant information on physical symptoms (including mobility), carer's needs, psycho-social/spiritual issues and difficult ethical needs as appropriate.

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Where do you feel these needs could be best met? (Indicate one or more options)

Please send completed forms to appropriate location or, if you think this is urgent, please telephone the relevant team and fax the completed form as indicated below:-

☐ Patient assessment home.

☐ Outpatient appointment

Community Specialist Palliative Care Team
Overgate Hospice
30 Hullen Edge Road
ELLAND HX5 0QY
Tel: 01422 310874
Fax: 01422 378425

☐ Inpatient palliative care unit/Hospice

☐ Specialist Palliative Day Care

Overgate Hospice
30 Hullen Edge Road
ELLAND
HX5 0QY
Tel: 01422 379151
Fax: 01422 375507

Referring person

Name: (please print) …… Designation: ……..

Signature: …….. Date: ……..

Contact no: …….. Ward……..

(Signature confirms approval of patient's GP or Consultant)

For office use only Priority : Routine/Urgent

Date received:…….. First contact: …… Assessed: ……..

Outcome: ……