St Ann's Hospice

CONFIDENTIAL REFERRAL FORM

For information and guidance on referring a patient, please see our Referral Handbook

PATIENT DETAILS:	NEXT OF KIN DETAILS:	MAIN CARER DETAILS: (if different)
Surname		
First name	Name	Name .....
Known as	Relationship	Relationship .....
Date of birth	Address	Address .....
Sex	.....	.....
Address	.....	.....
.....	.....	.....
.....	.....	.....
Postcode	Postcode	Postcode .....
Contact no/mobile	Contact no	Contact no .....
NHS number		

Does the person have the capacity to consent to the referral as per the Mental Capacity Act 2005 **YES** ☐ **NO** ☐
If not, please provide capacity assessment and best interest documentation. Also provide any information regarding any DoLs in place (please attach to referral) Your referral could be delayed if this is not completed.

GENERAL PRACTITIONER:

Name .....

Address .....

..... Postcode .....

Contact no .....

GP aware of referral: YES ☐ NO ☐

SERVICE REQUIRED:

INPATIENTS

End of life care	☐
Symptom control	☐
First available bed	☐
Bed at Heald Green only	☐
Bed at Little Hulton only	☐

OUTPATIENTS

The Being You Centre	☐
Medical Outpatients	☐
Lymphoedema Management	☐

COMMUNITY SPECIALIST PALLIATIVE CARE TEAM (Salford Only)

Specialist Palliative Care Nurse	☐
Response Time:	
Urgent referral - Response in 2 hrs	☐
Non urgent referral	☐

Hospice @ Home
(Salford & Trafford Only): ☐

Reason for referral. Please see referral criteria on website. **Please continue on page 3 if needed.**

Details of Diagnosis (including severity and date): .....

Co-existing Medical Conditions (including Mental Health Conditions): .....

Current Symptoms requiring specialist input: .....

.....

Medication History: .....

Please give details of other involved agencies (e.g. OT, physio, dietitian, specialist/Macmillan Nurse, social worker, district nurse)

Name ..... Profession ..... Contact no .....

Name ..... Profession ..... Contact no .....

Name ..... Profession ..... Contact no .....

Name ..... Profession ..... Contact no .....

Name ..... Profession ..... Contact no .....

Name ..... Profession ..... Contact no .....

Please confirm if the patient has:

NG Tube/PEG/TPN YES ☐ NO ☐ (Please specify if has feeds) .....

Tracheostomy tube YES ☐ NO ☐ Size .....

Oxygen YES ☐ NO ☐ Flow rate .....

Pressure sore YES ☐ NO ☐ Details .....

Is the patient being treated for/ had a history of: Acquired infections MRSA/C. Diff/VRE/CPE YES ☐ NO ☐

ADDITIONAL PATIENT INFORMATION:

Interpreter required .....

Visual impairment .....

Hearing impairment .....

Dietetic requirements .....

Moving & handling requirements .....

Bariatric requirements .....

Home access & mobility requirements .....

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Social Circumstances: i.e. home situation, carer responsibilities, support network, agencies involved, financial/legal issues

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Any other relevant information: i.e. communication issues, importance of religion, fears etc. Has Continuing Healthcare been applied for?

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Does the patient smoke? YES ☐ NO ☐

If the patient is unable or unwilling to comply with the smoking conditions referred to in the Referral Handbook, they should not be referred to the hospice, or may wish to decline referral.

ADVANCE CARE PLANNING:

Preferred Place of Care discussed YES ☐ NO ☐ Details .....

Preferred Place of Death discussed YES ☐ NO ☐ Details .....

LPA Health & Welfare YES ☐ NO ☐ Details .....

LPA for Finance YES ☐ NO ☐ Details .....

Palliative Care Register/GSF YES ☐ NO ☐ Details .....

EpaCCs/CCS YES ☐ NO ☐ Details .....

uDNACPR YES ☐ NO ☐ Details .....

REFERRER DETAILS:

Name .....

Designation .....

Address .....

.....

Postcode .....

Contact no

REFERRING HOSPITAL DETAILS:

Hospital ..... Ward .....

Consultant .....

Discharge date .....

Contact no .....

Current location of patient .....
(e.g at home, hospital)

Signature of referrer :

Contact number :

PRINTED NAME:

Date of referral:

Has the patient's Medical Lead been informed of referral Yes ☐ No ☐

Please return this form to the relevant St Ann's site, using the following details:

Heald Green:
St Ann's Hospice Admissions Office,
St Ann's Road North, Heald Green, Cheadle, SK8 3SZ
Phone: 0161 498 3608 **Email:** nehgm.admissions-hg@nhs.net

Little Hulton:
St Ann's Hospice Admissions Office, Meadowsweet Lane,
Off Peel Lane, Little Hulton, Worsley, M28 0FE
Phone: 0161 702 5408 **Email:** stan.admissions-lh@nhs.net

Admissions Offices are open Mon - Fri 8am - 4pm, excluding bank holidays. Out of hours please contact the main hospice switchboards and ask to speak to the Nurse in Charge: Heald Green 0161 437 8136, or Little Hulton 0161 702 8181.

For information about how St Ann's Hospice processes personal information, see our privacy notice here: https://www.sah.org.uk/privacy-policy/

Additional Information