

## Homeless palliative care service - Referral form

People experiencing homelessness or who are vulnerably housed often struggle to access care. For those who have advanced ill health or a palliative diagnosis, it can be even more difficult.

St Ann's homelessness service works with individuals, and those supporting them, to help people access care and support. If you would like to refer someone into this service, please fill out the form below.

If you have any questions or would like to discuss anything in more detail, please contact our Homeless Palliative Care Coordinator:

Tel: **07725 957224** Email: **nehgm.admissions-hg@nhs.net**

### Client details:

<b>Name:</b>		<b>Known as:</b>	
<b>Date of Birth:</b>		<b>NHS Number:</b>	
<b>Religion:</b>		<b>Contact details:</b>	
<b>Address:</b>			

### Referrer details:

<b>Name:</b>		<b>Relationship to service user:</b>	
<b>Date of referral:</b>		<b>Organisation:</b>	
<b>Email:</b>		<b>Contact number:</b>	
<b>Has the service user agreed to the referral?</b>	Yes No	<b>If no, please briefly explain:</b>	

### Involvement of other agencies/people:

<b>GP name and practice address:</b>		<b>Key Agency/Support Worker (if different from referrer details)</b>	
<b>Contact (phone &amp; email):</b>		<b>Contact (phone &amp; email):</b>	
<b>Next of kin/significant other name:</b>		<b>Hospital key contact name:</b>	
<b>Contact (phone &amp; email):</b>		<b>Contact (phone &amp; email):</b>	
<b>Social Worker Name:</b>		<b>Drug &amp; Alcohol Worker Name:</b>	
<b>Contact (phone &amp; email):</b>		<b>Contact (phone &amp; email):</b>	

