

PATIENT DETAILS

NHS No: _____ DOB: [Click here to enter a date.](#) Gender: Please choose _____

Surname: _____ First Name(s): _____

Address: _____ Post Code: _____

Tel. Home: _____ Mobile: _____ Civil State: Choose an item. _____

Religion: _____ Ethnic Origin: _____ First Language: _____

Patient consented to referral: Yes No

Referral for: Community Services * Breathlessness Service

NB

- We triage referrals within 2 working days, for urgent referrals we will aim to respond sooner.
- For **URGENT referrals** or advice regarding potential referrals **please ring the community office.**
- If patient has nursing needs please **also** refer to Neighbourhood team.
- Please ensure you follow the service eligibility criteria if the current need does not meet these referral to the neighbourhood team may be appropriate

REASON FOR REFERRAL

Main Palliative Diagnosis and relevant co-morbidities:

Current situation and reason for referral to specialist palliative care – please include current management and options tried:

Palliative Phase:

- Phase 1: Stable (problems are controlled)
- Phase 2: Unstable (new problems or rapidly increasing severity of problems)
- Phase 3: Deteriorating (on-going deterioration, worsening of existing symptoms or development of new problems)
- Phase 4: Dying (death likely within days)

Symptom	Not at all 0	Slight 1	Moderate 2	Severe 3	Overwhelming 4
Pain					
Nausea &/or vomiting					
Breathlessness					
Agitation					
Confusion/delirium					
Fatigue					
Low mood/anxiety					
Emotional distress					
Family/carer distress					
Other (please state)					

GP PRACTICE

Practice Name:

Address:

Contact Number:

NEXT OF KIN DETAILS

Surname:

First Name:

Address:

Post Code:

Tel. Home:

Mobile:

Relationship:

Aware of referral: Yes No

REFERRING PERSON

Name:	Designation:
Location:	Post Code:
Tel:	Date:

EMAIL the form to the appropriate palliative care team:

St Gemma's Hospice: stg.community@nhs.net

Phone 2185540

Registered Charity No. 1015941

Wheatfields Hospice: communitynursespecialist.wheatfieldshospice@nhs.net

Phone 2787249

Registered Charity No. 1052076

****please send all referrals for breathless service to Wheatfields who will then distribute***