

# Specialist Palliative Care Referral Form

FAX: 01892

Kent and Medway Specialist Palliative Care Network

820520

**Confidential Document: Please fax both sides of this form – PAGE 1 OF 2**

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			
Address			
Ethnicity			
Post Code	Tel		
Marital Status	Mobile Tel		
NHS No	DoB	Is GP aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any known faith affiliation or spiritual interests and needs?			

**Primary diagnosis(es)**

<b>Reasons for referral</b> <input type="checkbox"/> Pain/symptom control <input type="checkbox"/> Emotional/psychological support <input type="checkbox"/> Terminal care <input type="checkbox"/> Social/financial <input type="checkbox"/> Assessment for hospice admission <input type="checkbox"/> Carer support <input type="checkbox"/> Other reason e.g. (spiritual, lymphoedema)	<b>Service required</b> <input type="checkbox"/> Home assessment and support <input type="checkbox"/> Hospital assessment <input type="checkbox"/> Admission <input type="checkbox"/> Day Care <input type="checkbox"/> Other <b>Patient Mobility:</b>	<b>The patient is currently</b> <input type="checkbox"/> at home <input type="checkbox"/> in hospital (see over) <input type="checkbox"/> elsewhere (e.g. Nursing Home) Does patient live alone <input type="checkbox"/> Yes <input type="checkbox"/> No With whom?
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**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

<b>Next of Kin/Patient Representatives</b>	<b>District Nurse</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>General Practitioner</b>
Name	Name	Name
Address	Based at	Address
Telephone	Telephone	
Relationship to patient	Fax	Postcode
<b>Main Carer</b> (if different from above)	<b>Social Services</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone
Name	Name	
Telephone	Based at	Fax/email
Relationship to patient	Tel Fax	
	Continuing care assessment completed: Yes/No	PCT number:
<b>CPR Status</b> <input type="checkbox"/> For CPR <input type="checkbox"/> 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**



## Fax Contact Sheet

Area	Hospice Service	Hospital Service
<b>Ashford</b>	<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
<b>Canterbury</b>	<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
<b>Dartford &amp; Gravesham</b>	<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
<b>Maidstone</b>	<b>Heart of Kent Hospice</b> Preston Hall, Aylesford, Kent ME20 7PU Telephone: 01622 792200 Fax: 01622 791305	<b>Maidstone Hospital</b> Hermitage Lane, Maidstone, Kent ME16 9QQ Tel: 01622 225024/225256 Fax: 01622 225116
<b>Medway &amp; Swale</b>	<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 833912
<b>Thanet</b>	<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
<b>Tunbridge Wells</b>	<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