

Referral form

**SEND OR FAX TO: Hospiscare, Dryden Road, Exeter, EX2 5JJ Fax No: 01392 495981
PLEASE TYPE IN THIS FORM OR HAND WRITE USING BLOCK CAPITALS**

Patient's name:

Date of birth:

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Home address:

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Postcode:

Tel No:

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RD&E Hospital Number:

NHS Number:

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Marital Status: Married Divorced Separated Widowed Cohabitee Single Does the patient live alone? Yes No

Where is the patient now?

 Home Hospital

Name

--

Ward

--

 Care Home/ Other

Name

--

Name of G.P.:

Surgery:

Tel No:

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Next of Kin:

Relationship:

Tel No:

--	--	--

Address of next of kin:

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Postcode:

Tel No:

--	--

Main carer if not next of kin:

Relationship:

Tel No:

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Patient's Name:

Main Diagnosis and Treatment:

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Other Medical condition(s):

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How would you like Hospiscare to help?

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Is the patient aware of this referral? Yes No

If not, why?

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Person completing form:

Role:

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Doctor's name:

Date referred:

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Doctors Signature (required)

IS THERE ANYTHING ELSE WE SHOULD KNOW BEFORE WE CONTACT THE PATIENT?

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FOR HOSPITAL REFERRALS:

Please tick to indicate that the patient's GP agrees to Hospiscare referral

- Hospiscare provides specialist palliative care for people with advanced incurable progressive illness. Although the great majority have a cancer diagnosis a very important minority do not have cancer and referral is encouraged on the basis of need rather than diagnosis.
- Early referral to Hospiscare is often helpful and we take care to review ongoing needs and discharge people from the service whenever appropriate.

HOSPISCARE USE ONLY

Hospiscare no	Date received: Time:	Action date: 1st visit date:
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