

HOSPICE JOINT REFERRAL INFORMATION

Effective from January 2020

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PERSON TAKING REFERRAL:	REFERRAL DATE:
PATIENT DETAILS:	REFERRER DETAILS:
Name (inc title):	Name: Profession:
DOB: Age: Sex: M F	Address:
NHS N°:	Tel: Post code:
Main address:	GP:
Post code: Tel:	Address:
Ethnic Origin: Religion:	Tel: Post code:
Living Alone? Yes / No	PROFESSIONAL SUPPORT:
Main Carer (name and relationship)	Name: Place: Type: Con McM DN Con McM DN Con McM DN
Temporary address: Hospital: Ward:	

What is the diagnosis?

Which service is needed?

- | | | |
|--|--|---|
| 1. Inpatient: - Symptom control
- End of life
- Planned respite admission (MCHN)
- Rehabilitation / Readaptation
- Social breakdown/crisis | 2. Outpatient: - Medical
- Lymphoedema
- Cognitive therapy
- Acupuncture
- Hypnotherapy
- Complementary therapy
- Rehabilitation | 3. Domiciliary visit
4. Day Hospice
5. Day Treatment -
infusion/transfusion
6. Pt Education & Support
a. Positive Steps (SOH)
b. Living Well (MCHN) |
|--|--|---|

How soon is the service needed? Immediately (*within 24hrs - phone to discuss*) 2-5 days > 5 days

Problems:

- Pain Nausea / vomiting Breathlessness Psychological End of life care
 Lymphoedema Other (including social breakdown):

Reason for referral / specialist palliative needs Please include any recent significant events / treatment:

Medication & dose:

Extra information / requirements:	Infection Control	Special Instructions
<input type="checkbox"/> Oxygen	Infection:	Has this patient one of the following:
<input type="checkbox"/> Feeding pump	<input type="checkbox"/> MRSA <input type="checkbox"/> TB <input type="checkbox"/> Norovirus <input type="checkbox"/> C Difficile	<input type="checkbox"/> Current DNAR form?
<input type="checkbox"/> Spinal Line	<input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> Advance Care Plan (ACP)/ Advance Decision to Refuse Treatment (ADRT)?
<input type="checkbox"/> Specialist equipment eg Alternating Mattress / Bariatric bed / NIV	Diagnosed / Suspected / Exposure	<input type="checkbox"/> Deprivation of Liberty/Safeguarding Issues
<input type="checkbox"/> Pressure sore (<i>grade & location</i>):	Symptomatic Yes / No <i>Please specify</i>	