HOSPICE JOINT REFERRAL INFORMATION

Effective from January 2020

Marie Curie Hospice Marie Curie Drive Newcastle upon Tyne, NE4 6SS
Tel: 0191 219 1000 / Email: mariecuriehospice.newcastle@nhs.net

St Oswald's Hospice, Regent Ave, Gosforth Newcastle upon Tyne, NE3 1EE
Tel: 0191 285 0063 / Email: necne.referrals@nhs.net

PERSON TAKING REFERRAL:

REFERRAL DATE:

PATIENT DETAILS:

Name (inc title):

DOB: Age: Sex: M F

NHS Nº:

Main address:

Post code: Tel:

Ethnic Origin: Religion:

Living Alone? Yes / No
Main Carer (name and relationship)

Temporary address: Hospital:
Ward:

REFERRER DETAILS:

Name: Profession:

Address:

Tel: Post code:

GP:

Address:

Tel: Post code:

PROFESSIONAL SUPPORT:

Name: Place: Type:
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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:

☐ Oxygen

☐ Feeding pump

☐ Spinal Line

☐ Specialist equipment eg Alternating Mattress / Bariatric bed / NIV

☐ Pressure sore *(grade & location):*

Infection Control

Infection:

☐MRSA ☐TB ☐Norovirus ☐C Difficile

☐Other *(please specify):*

Diagnosed / Suspected / Exposure

Symptomatic Yes / No
Please specify

Special Instructions
Has this patient one of the following:

☐ Current DNAR form?

☐ Advance Care Plan (ACP)/ Advance Decision to Refuse Treatment (ADRT)?

☐Deprivation of Liberty/Safeguarding Issues