|  |
| --- |
| Name: |
| NHS number: Date of Birth: |
| Address: |
| GP Surgery: Religion: |
| Does patient live alone? Y / N Preferred Language: |

|  |
| --- |
| Nominated Person Name: |
| Nominated Person Contact Telephone: |
| Nominated Person Relationship to Patient: |

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis: | Relevant Medical History: | | |
| Phase of Illness | Dying | Deteriorating | Unstable |

|  |  |  |  |
| --- | --- | --- | --- |
| PPC |  |  |  |
| PPD 1st choice |  | PPD 2nd choice |  |
| DNACPR  Location |  | PEACE document |  |
| Would you expect your patient to die within 12 weeks? Yes / No  Evidence of Rapid Deterioration: | | | |

|  |
| --- |
| Additional Information (family circumstances, symptoms, emotional/psychological needs, any cognitive impairment, MCA):  Family/Friends/Neighbours support network:  Known to District Nurse Y/N – if required please refer immediately  Any other services involved?  Contingency plan should support at home not be sustainable (if applicable):  Discussed and agreed with patient/family : Yes / No  *(If discussions have not taken place the referral will be rejected)*  Details of discussion: |

|  |
| --- |
| Care frequency and number of carers per visit (if applicable):  Details of Current Care: |

|  |  |
| --- | --- |
| Equipment: | Details of any Equipment Ordered:  Delivery Date: |
| Manual Handling Risk Identified | Risks Identified |

|  |  |
| --- | --- |
| Pendant Alarm Y / N  *If applicable* | Key Safe Y / N  *If applicable*  Number and Location |
| Community Medication Chart Y / N  *If applicable* | Just in Case medications Y/ N |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete in full and email to:**

Farleigh Hospice [contactteam.fh@nhs.net](mailto:contactteam.fh@nhs.net)

Havens Hospices [havenshospices.rapidaccess@nhs.net](mailto:havenshospices.rapidaccess@nhs.net)

St Luke’s Hospice [Stlukes.oneresponse@nhs.net](mailto:Stlukes.oneresponse@nhs.net)