



RAPID ACCESS TO END OF LIFE CARE REFERRAL FORM

| | |
|--------------------------------|---------------------|
| 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 1 st choice | | PPD 2 nd choice | |
| DNACPR Location | | PEACE document | |

| |
|---|
| <p>Would you expect your patient to die within 12 weeks? Yes / No</p> <p>Evidence of Rapid Deterioration:</p> |
|---|

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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:



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Care frequency and number of carers per visit (if applicable):

Details of Current Care:

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

| | |
|--|---|
| Pendant Alarm Y / N <i>If applicable</i> | Key Safe Y / N <i>If applicable</i> Number and Location |
| Community Medication Chart Y / N <i>If applicable</i> | 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

Havens Hospices havenshospices.rapidaccess@nhs.net

St Luke's Hospice Stlukes.oneresponse@nhs.net

Name:

NHS number:

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DOB: