**Havens Hospices Hub Referral Form**

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| **Patient Name:** | **D.O.B:** | **Gender:** | **NHS No:** |
| **Diagnosis (& date if known):** | | **Main Language:**  **Interpreter needed:**  Yes  No | **Religion & Spiritual support:** |
| **Current Condition**:  Stable  Unstable  Deteriorating  Dying | | | |
| **Does the patient / family / carer consent to the referral & do they agree to sharing of information in accordance with our Patient & Family Privacy Notice?** Yes  No | | **Date of referral:** | |
| **Referrer details:**  Name:  Designation:  Tel No:  Email: | | **Patient Address:**  Postcode:  Telephone Number:  Home:  Mobile:  Email:  Access to home issues:  Key Safe?  Yes  No | |
| **Next of Kin/Carer:**  Relationship: | | **NOK Address if different:**  Postcode  Telephone Number**:**  Home:  Mobile:  Email: | |
| **Reason for referral:** | | | |
| **Medical History:** | | | |
| **Protection/safeguarding concerns**  Yes  No | | **Family & Social History:** | |
| **Breathlessness:**  Yes  No **Oxygen?**  Yes  No | | | |
| **Psychological:** | | | |
| **Mobility:**  **Any aids/assistance required?** | | | |
| **Nutrition:**  **Special diet:**  Yes  No PEG/RIG/JIG:  Yes  No | | | |
| **Pain:** | | | |
| **Communication:** | | | |
| **Behaviour:** | | | |
| **Other / equipment:** | | | |
| **Professionals Involved** | | **Address & Telephone Number** | |
| GP Name: | |  | |
| Consultant: | | Hospital: | |
| Community Nurse: | |  | |
| Speech and Language: | |  | |
| Occupational therapist: | |  | |
| Physiotherapist: | |  | |
| Dietician: | |  | |
| Community Pharmacist: | |  | |
| Other: | |  | |
| **Any other relevant information:** | | | |
| **Advance Care Planning:**  Yes  No | | **Does the patient have a verbal Preferred Priorities for care?**  Yes  No | |
| **Is the patient on the End of Life Register (last 12 months):**  Y es  No | | **Does the patient have an indefinite DNAR in place?**  Yes  No | |
| Name and signature of person making referral: | | | |

Please forward referrals to: [havenshospices.hub@nhs.net](mailto:havenshospices.hub@nhs.net)

Enquiries to please be forwarded to Havens Hub on 01702 221650