



PALLIATIVE CARE REFERRAL FORM

Referrals to be made electronically via SystmOne or email to appropriate address (see below)

For Hospice referrals please encrypt the message to protect patient data

1. HDFT Specialist Palliative Care Team		2. Saint Michael's Hospice	
Hospital	<input type="checkbox"/>	Inpatient unit (GPs & SPCT only)	<input type="checkbox"/>
Community	<input type="checkbox"/>	The Wellbeing Network	<input type="checkbox"/>
Tel: 01423 553464 Electronic referrals accepted via SystmOne or email the specialist palliative care team : hdft.palliativecareteam@nhs.net		Palliative Lymphoedema Clinic (GPs & SPCT only)	<input type="checkbox"/>
		MND Clinical Nurse Specialist	<input type="checkbox"/>
		Electronic referrals accepted via SystmOne For further information please email: hospice-services@saintmichaelsospice.org To discuss referrals please phone: 01423 879687 (option 1 followed by option 4)	

Patient Name:		NHS no:	
Prefers to be called:		Hospital no:	
Address:		Date of birth:	
		Telephone:	
		Mobile no:	
Key code:		Lives alone:	Yes / No
Does the patient have communication issues?		Yes/No	
If yes, what are they?			
Current location of patient:			
Home	Ward _____	Date of admission _____	
HDFT	Location _____		
Other Hospital	Name _____		
Care Home			

NOK/contact name:		GP:	
Relationship:		Surgery:	
Telephone number:		Tel:	
Is this person Next of Kin?	Yes/No	Nursing/other care teams involved:	
Main Carer?	Yes/No		
Has patient consented to referral?	Yes/No		

October 2022