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| **NHS LOTHIAN HOSPICE & COMMUNITY PALLIATIVE CARE REFERRAL FORM** |

(Please click on grey boxes to complete)

**REFERRAL TO SPECIALIST SERVICES**

**St Columba’s Hospice** (North Edinburgh):Inpatient unit  Community Services

**Marie Curie Hospice** (South Edinburgh, Midlothian): Inpatient unit  Community Services

**East Lothian Community Palliative Care Service**:

**West Lothian Community Palliative Care Service:**

For more information about the services on offer please consult

<http://www.nhslothian.scot.nhs.uk/Services/A-Z/PalliativeCare/Pages/SpecialistPalliativeCareServices.aspx>

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | | | | | | | | |
| **Name** |  | | | | | | | **Male:** | | | **Female:** | |
| **Address** |  | | | | | | | | | | | |
| **Telephone** |  | | | | CHI: | | | | | | | |
| **Current Location** | Home: | | Care Home: | | | | Hospital: | | | | | Ward: |
| Consultant |  | | | | Planned Discharge Date | | | |  | | | |
| **NOK** |  | | | | | | | | | | | |
| **Relationship** |  | | | | **Telephone number** | | | |  | | | |
| **Address** |  | | | | | | | | | | | |
| **Please can you confirm you have informed the patient and their family about this referral? YES** | | | | | | | | | | | | |
| **GP Name** |  | | | | **GP Practice** | | | |  | | | |
| **GP Telephone** |  | | | |  | | | | | | | |
| **Main Diagnosis** |  | | | | | | | | | | | |
| Other Diagnoses  Include dates where known |  | | | | | | | | | | | |
| **Main problems/reasons for referral** | | | | | | | | | | | | |
| Situation | |  | | | | | | | | | | |
| Background | |  | | | | | | | | | | |
| Assessment | | Summarise the facts and give your best assessment as to what is going on. | | | | | | | | | | |
| Recommendations | | What action are you asking for? What do you hope to happen next? | | | | | | | | | | |
| **Additional Information – please include any other community services involved** | |  | | | | | | | | | | |
| **Information about current medication (please include ACP medications at home)** | |  | | | | | | | | | | |
| **Any adverse drug reactions or allergies?** | |  | | | | | | | | | | |
| **DNA CPR Form** | | Completed **YES**  Was this sent home with patient? **YES** | | | | | | | | | | |
| **Referred by** | |  | | | | Grade/Job: | | | | Bleep/Ext: | | |
| **Contact Details** | | Email/telephone: | | | | | | | | | | |
| **Date Referral Completed** | |  | | **All referrals will be acknowledged within one working day** | | | | | | | | |

**If you believe your referral is urgent, please phone the relevant service to discuss as well as submitting a referral.**

**Referrals to be sent by secure email to:**

St Columba’s Hospice – [SCH.ACCESS@nhslothian.scot.nhs.uk](mailto:SCH.ACCESS@nhslothian.scot.nhs.uk) 0131 551 7751

Marie Curie Hospice, Edinburgh – [ci.mche.admin@nhs.scot](mailto:ci.mche.admin@nhs.scot) 0131 470 2201

East Lothian Community Palliative Care Service -

[loth.elpallcareteam@nhslothian.scot.nhs.uk](mailto:loth.elpallcareteam@nhslothian.scot.nhs.uk) 01620 642 710

West Lothian Community Palliative Care Service – [ci.mccc.westlothian@nhs.scot](mailto:ci.mccc.westlothian@nhs.scot) 07525 387 471