MCH
medway community healthcare

NHS

MCH Specialist Palliative Care Referral Form

Wisdom Hospice, High Bank, Rochester KENT ME1 2NU
Tel No: 01634 830456 Email:wisdom.hospice@nhs.net
NOTE: Incomplete forms will take up to 5 working days to process
DO NOT refer patients who have not consented to referral

Surname:	Male/Female:
First Name:	Date of Birth:
Address:	
Post Code:	Ethnicity:
Telephone:	
Mobile Telephone:	NHS No:

Patient lives alone? Yes ☐ No ☐ Patient has consented to referral? Yes ☐ No ☐
Able to attend outpatient clinic appointment ☐ Needs home visit as housebound ☐

Primary diagnosis(es) and key treatments: DNACPR completed ☐

Please DO NOT refer patients undergoing curative treatment

Person completing this form:

Name:	**Designation:**	**Contact No:**
Address:		
email address for correspondence:		
Date:		

Next of Kin/Main Carer	**General Practitioner**
Name:	Name:
Tel No:	Address:
Mobile:	Postcode:
Relationship:	Tel No:
Key Code to access house (if applicable):	Email:

Please email this referral to wisdom.hospice@nhs.net

Correspondence and Medication

Please attach: Recent hospital letters ☐ Medication list/TTO's ☐

Allergies:

Special Considerations

First language, if not English: Communication in English: Good/Fair/Poor

Would an interpreter be helpful: Yes ☐ No ☐ Pressure Area Status:

Other consideration: Disability/Bariatric Care **Infection status:**

Reason(s) for referral

☐ tick if referral is urgent (contact within 2 days)

☐ tick for referral to Wellbeing and Therapy Centre only

☐ tick for referral to support Advance Care Planning only

What have been the patient's main problems or concerns over the past 3 days?

1. ....
2. ....
3. ....

Below is a list of symptoms, which they may or may not have experienced. For each symptom, please tick one box that best describes how it has affected them over the past 3 days.

	Not at all	Slightly	Moderately	Severely	Over-whelmingly
Pain	0☐	1☐	2☐	3☐	4☐
Other physical symptom(s)	0☐	1☐	2☐	3☐	4☐

	Not at all	Occasion-ally	Sometimes	Most of the time	Always
Has the patient been feeling anxious or depressed?	0☐	1☐	2☐	3☐	4☐
Has any of their family or friends been anxious about them?	0☐	1☐	2☐	3☐	4☐
Does the patient have any practical problems resulting from their illness?	0☐	1☐	2☐	3☐	4☐

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