

LOTHIAN SPECIALIST PALLIATIVE CARE SERVICES REFERRAL FORM

Service Requested (Please tick appropriate box)	Inpatient Care	Day Services	Community
Marie Curie Hospice			
St Columba's Hospice			
West Lothian Community Palliative Care Team			
East Lothian Community Palliative Care Team			

Patient details (sticky label)	Tel No:	GP Name
Name		Address
Address	Sex M / F	
	Age	
CHI	Marital Status M / W / S / D / P / CP	Tel:
Unit No.	Ethnic Origin:	

Current Location		Yes	N/A
<input type="checkbox"/> Hospital _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home		<input type="checkbox"/>	<input type="checkbox"/>
Discharge Date _____		<input type="checkbox"/>	<input type="checkbox"/>
Consultant		<input type="checkbox"/>	<input type="checkbox"/>

Principal Diagnosis	Date
Metastatic Disease	Date
Patient aware of disease status Y/N	Family aware of disease status Y/N

Reason for referral (tick)										
Pain control <input type="checkbox"/>	Specialist Service Assessment <input type="checkbox"/>	SIGN 44 Audit Form Commenced Yes/No								
Symptom control <input type="checkbox"/>	Family support/information <input type="checkbox"/>									
Psychological Support <input type="checkbox"/>	Other <input type="checkbox"/>	(specify) _____								
Please Circle Pain Score Below										
0	1	2	3	4	5	6	7	8	9	10
No Pain					Worst Pain in last 24 hours					

Main problems/ Details of Referral

DNAR status	Yes	No	Have you referred to the Lothian Palliative Care Guidelines? Yes /No
DNAR completed?	<input type="checkbox"/>	<input type="checkbox"/>	Referrer _____
Patient aware of DNAR	<input type="checkbox"/>	<input type="checkbox"/>	Grade/Job Title _____
Family aware of DNAR	<input type="checkbox"/>	<input type="checkbox"/>	Contact tel no/bleep/extension _____ Date _____
DNAR at patient's home	<input type="checkbox"/>	<input type="checkbox"/>	Date & Time Received _____
			1 st Contact Date _____

To refer this patient please telephone/fax completed form to: -

St Columba's Hospice Tel No. 0131 551 1381 Fax No: 0131 551 7766
Marie Curie Hospice Tel No. 0131 470 2201 Fax No: 0131 470 2200
West Lothian Community Tel No. 01506 414586 Fax No: 01506 461806
West Lothian Day Services Tel No. 01506 523531 Fax No: 01506 522005
East Lothian Community Tel No. 0131 536 8332 Fax No: 0131 536 8334

REFERRAL FORM (COMMUNITY/HOSPICE INFORMATION)

Next of Kin Contact Details Relationship Name Address Telephone No.	Family/Social Circumstances (including Main Carer)
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Other Services involved

Name	Role/Position	Contact Tel. No.	Alternative Tel No.
	District Nurse		
	Social Worker		

Current Medication

Drugs	Dose	Frequency	Route

Known Reactions or Allergy

Past Medical History

Treatment History

	Date	Procedure/Treatment	Hospital	Consultant
Surgery				
Radiotherapy				
Chemotherapy				
Other				

Patient's Preferences if known

Place of care

 Place of death

Additional information