



REFERRAL TO LEEDS SPECIALIST PALLIATIVE CARE SERVICES

Sue Ryder

PATIENT DETAILS

NHS No:

Date Received:

Surname:

First Name(s):

Address:

Postcode:

Tel. Home:

Mobile:

D.O.B:

Sex: (M/F)

Civil State : (M/S/W/D)

Current Location:

Tel: (if not home)

Religion:

Ethnic Origin:

First Language:

Patient aware of referral Yes No

Referral for:

Community Palliative Care Team

Outpatient

Hospice Admission

Day Hospice

DISEASE STATUS

Diagnosis and extent of disease:

Date of Diagnosis:

Patient aware of Diagnosis Yes No

Reason for Referral : (include any physical, social, psychological, spiritual issues)

Past / Current Treatments:

P.T.O.

PATIENT NAME :

ADVANCE CARE PLANNING

Has patient? A statement of wishes including preferred place of care Yes No

Advance decision to refuse treatment Yes No

Nominated a lasting power of attorney Yes No

If so, please give further details :

NEXT OF KIN DETAILS

Surname : First Name(s) :

Address :

Postcode :

Tel. Home :

Tel. Other :

Mobile :

Relationship :

Aware of referral : Yes No

PROFESSIONAL DETAILS

Ward : Contact No. : Consultant :

GP :

Address :

Postcode : Tel :

Consultants : Location :

District Nurse :

Base : Tel :

Is the patient known to any Community or Hospital Specialist Palliative Care Team ? Yes No

St. Gemma's Hospice Wheatfields Hospice Other (state which)

REFERRING PERSON

Name : (Please Print) Signature :

Designation : Location :

Postcode : Tel. : Date :

Forms should be **FAXED** to the appropriate palliative care team (**NB** : please also post original form)

For St. Gemma's Hospice please FAX to : (0113) 218 5524

Registered Charity No. 1015941

Referrals, St. Gemma's Hospice, 329 Harrogate Road, Moortown, Leeds, LS17 6QD.

Tel. : (0113) 218 5540

For Wheatfields Hospice please Fax to : (0113) 230 2778

Registered Charity No. 1052076

Sue Ryder Care – Wheatfields, Grove Road, Headingley, Leeds, LS6 2AE.

Tel. : (0113) 278 7249