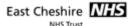


## East Cheshire Specialist Palliative Care Referral Form





1. Patient Details	4. Hospital Details	
Fitle: Surname:	Hospital (1):	
Forename(s):	Consultant (1):	
D.O.B: Age: M/F:	Hospital (2):Consultant (2):	
	Clinical Nurse Specialist:	
NHS Number:	Location:	
Home Address:	5. Service Required (please select as required)	
Postcode:	Macmillan Specialist Palliative Care Team	
Home Phone:	Please Email Ecn-tr.palliativecareteam@nhs.net	
Mobile Phone:	or Fax to 01625 661378	
Lives Alone: Ethnicity:		
Religion:	Inpatient Hospital Review:	
Current Location of patient (include ward if inpatient):	Community Review:	
	Palliative Medicine Consultant Outpatient Clinic	
	<u>East Cheshire Hospice</u>	
2. NOK / Carers Details	Email eccg.echospiceipu@nhs.net	
Name:	or Fax to 01625 665697	
Relationship to Patient:	Inpatient Admission	
Address:	Is this referral for: Action Now	
Postcode:	Symptom Management:	
Home Phone:	Optimisation/Rehabilitation:	
Mobile Phone:	End of Life Care:	
	Sunflower Centre and Hospice Therapies	
3. Community Health Care Professional Details	Email: eccg.echospicesfc@nhs.net	
GP Name:	or Fax to: 01625 666995	
GP Practice:		
GP Phone:	Wellbeing assessment: Living Well:	
GP aware of Referral:	Breathlessness programme:	
District Nurse Team:	Lymphoedema assessment:	
DN Tel No:	Art Psychotherapy:	
Social Worker:	Complementary Therapy:	
SW Tel No:	Physio outpatient assessment:	
Palliative Care Nurse Specialist:	(for Community physio/OT, please refer separately to	
Геl No:	Community Rehab team, fax no. 01625 661856 or email: ecn-tr.communitytherapieseast@nhs.net)	
Other Professionals Involved:	Separate referral forms for Blood transfusions, Dementia and MND Wellbeing can be found on the hospice website	
	www.eastcheshirehospice.org.uk under 'Professionals'	



## East Cheshire Specialist Palliative Care Referral Form





Name of patient: DOB	
nical Information about the patient	
Primary diagnosis: Date:	
Sites of Metastases & dates:	
Treatments received and dates:	
Significant Past Medical History:	
Allergies:	
Infection Risk:	
Any other relevant information:	
Patient's understanding of illness:	
NOK understanding of illness:	
Resuscitation discussions and outcome:	
uDNR-CPR form completed and with patient:	
Internal cardiac defibrillator (ICD)/ pacemaker insitu:	
Patient Preferred Place of Care (PPC): Preferred Place of Death (	PPD):
· / ————	• =====
Continuing Health Care (CHC) Funding Approved:	
Continuing Health Care (CHC) Funding Approved:  Are the patient and their NOK aware of this referral? Patient:  Has the Patient given consent for health and social care staff involved in their care and health records:	NOK:
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Are the patient and their NOK aware of this referral?  Patient:  Has the Patient given consent for health and social care staff involved in their care and health records:  Current Situation and reason for referral to Specialist Palliative Care:  Phase of Illness:	treatment to view the
Are the patient and their NOK aware of this referral?  Patient:  Has the Patient given consent for health and social care staff involved in their care and health records:  Current Situation and reason for referral to Specialist Palliative Care:  Phase of Illness:  Please Indicate on Karnofsky Performance Scale the Current Status of the Patient:	treatment to view the
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Are the patient and their NOK aware of this referral? Patient:  Has the Patient given consent for health and social care staff involved in their care and health records:  Current Situation and reason for referral to Specialist Palliative Care:  Phase of Illness:  Please Indicate on Karnofsky Performance Scale the Current Status of the Patient:  Normal; no complaints; no evidence of disease  Able to carry on normal activity; minor sign of symptoms of disease  Normal activity with effort; some signs or symptoms of disease  Cares for self; unable to carry on normal activity or to do active work	100 90 80 70
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Are the patient and their NOK aware of this referral? Patient:  Has the Patient given consent for health and social care staff involved in their care and health records:  Current Situation and reason for referral to Specialist Palliative Care:  Phase of Illness:  Please Indicate on Karnofsky Performance Scale the Current Status of the Patient:  Normal; no complaints; no evidence of disease  Able to carry on normal activity; minor sign of symptoms of disease  Normal activity with effort; some signs or symptoms of disease  Cares for self; unable to carry on normal activity or to do active work  Able to care for most needs; but requires occasional assistance  Considerable assistance and frequent medical care required  In bed, more than 50% of the time	100 90 80 70 60 50

Macmillan Specialist Palliative Care Team (9am-5pm Monday-Friday) Tel 01625 663177, Fax 01625 661378

Bleep via MDGH Switchboard for Urgent Advice 9am-5pm Monday-Friday 1004 (9602 for Lung Cancer Patients)

East Cheshire Hospice 24 hr Advice line 01625 666999