In order to help us respond appropriately, please complete all sections of the form with as much detail as possible.

Referrals are reviewed at 9.30 and 14.00 Monday – Friday. The referrer must be a healthcare professional and may be contacted for further information. Forms must be sent via email to [thorpe.referrals@nhs.net](mailto:thorpe.referrals@nhs.net). To discuss a referral, call the Referrals phone line:*01733 225925 (Mon-Fri 9-5pm, secure voicemail outside these hours)*

Thorpe Hall is able to admit patients who are registered with a GP from the following ICBs: Peterborough and Cambridgeshire,

South West Lincs, South Lincs, East Lincs, West Lincs.

For patients registered outside of these areas, funding will need to be agreed **prior to the referral being accepted**.

Please contact our referral phone line to discuss this further. *01733 225925*

**Consent**

|  |  |
| --- | --- |
|  | **The patient consents to this referral** |
|  | **The patient cannot consent and has no legal proxy. A Mental Capacity Assessment and Best Interests Decision have been documented** |

**Demographics**

|  |  |  |
| --- | --- | --- |
| **Forename:** | **Address:** | **Postcode:** |
| **Surname:** | **DOB:** | **NHS no:** |
| **Primary phone number:** | **Secondary phone number:** | **Identifies as:** |
| **Primary spoken language:**  **If an interpreter is required, please specify which language:**  **Please specify any other communication needs:** | | |
| **GP surgery:** | | |
| **NOK name:** | **NOK phone number:** | **Relationship:** |

**Patient information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current location of patient** | **Home** | | **Hospital**  **Hospital name/ward:** |
| **Transport requirement** | **Stretcher ambulance**  **Own transport**  **Any other details** | | |
| **Preferred place of care:** | | **Preferred place of death:** | |

**Service requested:**

|  |  |
| --- | --- |
| **Specialist bed**  ***Eligibility (tick all that apply)***  Complex physical symptoms not responding to first line measures  Complex psychological issues  Complex spiritual issues  Significant carer distress | **Medically light bed**  ***Eligibility (tick all that apply)***  The patient is dying with a prognosis of days to short weeks  The patient and carers are aware of the prognosis  A DNACPR has been discussed and is in place  The patient does not have specialist palliative care needs and chooses the hospice as their preferred place of death  Non-essential or inappropriate investigations, interventions and medications have been discontinued. Decisions made have been discussed with the patient (or legal proxy if indicated) and their carers  The patient is not anticipated to require regular medical assessment or intervention  The purpose of the admission to die peacefully in the hospice and focus on care has been discussed and is clearly documented  The purpose of the admission and focus of care has been discussed and is clearly documented  The patient’s responsible clinician is in agreement with the referral being made |

**Reason for referral:**

|  |  |
| --- | --- |
| **Diagnosis:** | **Other relevant medical details:** |
| **Summary of recent events:**  **Please specify any other priorities, or expectations of the admission, for the patient or their carers:** | |

**Consent to information sharing**

*Please indicate below if we can view and share the patient’s care record with other services involved in their care*.

|  |  |
| --- | --- |
| **o** | **Patient /proxy has given verbal consent for Thorpe Hall to view information recorded by other healthcare providers** |
| **o** | **Patient/proxy has given verbal consent for Thorpe Hall to share information recorded by us with other healthcare providers** |
| **o** | **Patient /proxy does not give consent for Thorpe Hall to view information recorded by other healthcare providers** |
| **o** | **Patient/proxy does not give consent for Thorpe Hall to share information recorded by us with other healthcare providers** |
| **o** | **Patient/proxy has not been asked** |

**Infection control**

|  |  |
| --- | --- |
|  | **The patient is not currently being treated for a contagious illness e.g. influenza, MRSA, C. difficile, CPE** |
| **Otherwise please give details of any infection control measures:** | |

**Skin Integrity**

|  |  |
| --- | --- |
|  | **Please give details below of any skin damage:** |

**Falls Risk**

|  |
| --- |
| **Any Recent Falls:**  **Yes  No** |
| **Please give details of falls history (inc dates) below :** |

**Equipment needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Oxygen**  **……….. l/min**  **Specify additional equipment:** | | **NIPPV** | **Tracheostomy** |
| **Enteral access device** | **Please give details of enteral access and use:** | | |
| **Bariatric equipment** | **Please give details (inc height & weight):** | | |

**Please list current medications (doses and frequency**)

|  |
| --- |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.** |
| **Please give details of any allergies:** |

**Details of referrer**

|  |  |  |
| --- | --- | --- |
| **Name (print):** | **Signature:** | **Designation:** |
| **Phone (or bleep):** | **Email address:** | |
| **Senior responsible clinician consenting to referral:** | | |

***Please be reminded that Thorpe Hall Hospice is a short stay hospice to manage complex symptom control and/or end of life care. Thorpe Hall Hospice is not able to support respite care. Patients will be discharged once medically stable (as appropriate) to their preferred location.***