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. 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.***