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| **NHS LOTHIAN HOSPICE & COMMUNITY PALLIATIVE CARE REFERRAL FORM** |

 (Please click on grey boxes to complete)

**REFERRAL TO SPECIALIST SERVICES**

**St Columba’s Hospice** (North Edinburgh):Inpatient unit [ ]  Community Services [ ]

**Marie Curie Hospice** (South Edinburgh, Midlothian): Inpatient unit [ ]  Community Services [ ]

**East Lothian Community Palliative Care Service**: [ ]

**West Lothian Community Palliative Care Service:** [ ]

For more information about the services on offer please consult

<http://www.nhslothian.scot.nhs.uk/Services/A-Z/PalliativeCare/Pages/SpecialistPalliativeCareServices.aspx>

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| **PATIENT DETAILS** |
| **Name** |       | **Male:** [ ]  | **Female:** [ ]  |
| **Address** |       |
| **Telephone** |       | CHI:       |
| **Current Location** | Home: [ ]  | Care Home: [ ]        | Hospital: [ ]        | Ward:       |
| Consultant |       | Planned Discharge Date |       |
| **NOK** |       |
| **Relationship** |       | **Telephone number** |       |
| **Address** |       |
| **Please can you confirm you have informed the patient and their family about this referral? YES** [ ]  |
| **GP Name** |       | **GP Practice**  |       |
| **GP Telephone** |       |  |
| **Main Diagnosis** |       |
| Other DiagnosesInclude dates where known |       |
| **Main problems/reasons for referral** |
| Situation  |       |
| Background |       |
| Assessment | Summarise the facts and give your best assessment as to what is going on.       |
| Recommendations | What action are you asking for? What do you hope to happen next?      |
| **Additional Information – please include any other community services involved** |       |
| **Information about current medication (please include ACP medications at home)** |       |
| **Any adverse drug reactions or allergies?** |       |
| **DNA CPR Form** | Completed **YES** [ ]  Was this sent home with patient? **YES** [ ]   |
| **Referred by** |       | Grade/Job:       | Bleep/Ext:       |
| **Contact Details** | Email/telephone:       |
| **Date Referral Completed** |       | **All referrals will be acknowledged within one working day** |

**If you believe your referral is urgent, please phone the relevant service to discuss as well as submitting a referral.**

**Referrals to be sent by secure email to:**

St Columba’s Hospice – SCH.ACCESS@nhslothian.scot.nhs.uk 0131 551 7751

Marie Curie Hospice, Edinburgh – ci.mche.admin@nhs.scot 0131 470 2201

East Lothian Community Palliative Care Service -

EastLothianMacMillanTeam@nhslothian.scot.nhs.uk 01620 642 710

West Lothian Community Palliative Care Service – ci.mccc.westlothian@nhs.scot 07525 387 471