

**CAMBRIDGESHIRE
SPECIALIST PALLIATIVE CARE SERVICES
REFERRAL FORM**



Addenbrooke's Hospital Palliative Care Team: Inpatient and Outpatient Box 63, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ Tel: 01223 274404 Fax: 01223 256732 add-tr.palliative.care@nhs.net	
Alan Hudson Day Treatment Centre: Day Treatment and Therapy Services North Cambs Hospital, The Park, Wisbech, Cambridgeshire PE13 3AB Tel: 01945 488052 Fax: 01945 488083 nee.alanhudson@nhs.net	
Arthur Rank Hospice: Inpatient, Outpatient, Community, and Day Therapy Cherry Hinton Road, Shelford Bottom, Cambridge CB22 3FB Tel: 01223 675800 Fax: 01223 213296 nee.arthurrank@nhs.net	
Papworth Hospital Supportive & Palliative Care Team: Inpatient and Outpatient Papworth Hospital, Papworth Everard, Cambridge CB23 3RE Tel: 01480 364747 Fax: 01480 364914 papworth.supportiveandpalliativecare@nhs.net	

Referral for (not all services are available at all centres)	
Services	Professionals
Admission to hospice inpatient unit	Specialist Palliative Care nurse
Hospital ward visit for patient or relatives	Specialist Palliative Care doctor
Outpatient appointment	Psychological specialist
Day Therapy	Occupational therapist or physiotherapist
Visit to patient's home	Social worker
Telephone call to patient or carer	Chaplain / spiritual supporter
Hands on nursing care at home	Lymphoedema specialist
Blood transfusion	Complementary therapist
Telephone advice to health care professional	
Pain Management Group (outpatient)	
Other – please state what:	

Urgency of response to referrer:	1-2 hrs	24 hrs	1-3 days
Date of referral:	Time of referral:		
Name and position of referrer:	Referrer's location and contact number:		

Patient Details

Name: Address: Postcode: Tel / Mobile no's: Date of Birth: Sex: Marital Status:	<p><u>Where is patient now?</u></p> NHS no: Lives Alone?: Y/N Ethnicity: Religion (if any): First language: Is an interpreter required? Y/N
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**If community Single Assessment Process (SAP) has been completed this can be attached to provide the main carer and GP details but
THE PATIENT DETAILS MUST BE COMPLETED ON REFERRAL FORM in addition to SAP.**

Reasons for Referral

Please attach letter or recent clinical details/hospital notes.

Diagnosis

Patient's diagnosis:	Has a Preferred Priorities for Care form been completed? Y/N If possible, send details/copy. Are there any special needs or risk factors for staff to be aware of?
Date of diagnosis:	
Is patient aware of diagnosis? Y/N	
Is patient aware of referral? Y/N	
Patient's MRSA status:	

Main Carer and Next of Kin Details

Main carer name:	Is this person Next of Kin? Y/N
Address:	If no, who is?
Contact number:	
Relationship to patient:	

Professional Details

GP Name:	Key worker name and position:
GP Surgery and Address:	Key worker contact number:
GP Phone Number:	<u>Other professionals involved:</u>
Is GP aware of referral? Y/N	

Please send completed form to the appropriate service via nhs.net email or fax, or telephone for urgent referrals.