

**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 669620 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 (Safe Haven) nee.arthurrank@nhs.net	
Royal Papworth Hospital Supportive & Palliative Care Team: Inpatient & Outpatient Royal Papworth Hospital , Papworth Rd, Cambridge Biomedical Campus, Cambridge CB2 0AY Tel: 01223 638747 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:	<u>Where is patient now?</u>
Address:	NHS no:
Postcode:	Lives Alone?: Y/N
Tel / Mobile no's:	Ethnicity:
Date of Birth:	Religion (if any):
Sex:	First language:
Marital Status:	Is an interpreter required? Y/N

THE PATIENT DETAILS MUST BE COMPLETED ON REFERRAL FORM

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 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 If no, who is?
Address:	
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.