## **Patient Referral Form for Specialist Palliative Care Services**

- Hospital (Pinderfields, Pontefract and Dewsbury)
- Community (Pontefract and Wakefield, Kirklees)
- Hospice (Kirkwood, The Prince of Wales and Wakefield)
  - Rosewood Day Therapy

**Priority:** We aim to see all patients as soon as possible after referral and base our acceptance criteria on those of the Yorkshire and Humber Palliative Care and End of Life Care Groups: the patient has active, progressive and life limiting disease, and has unresolved complex needs that cannot be fully met by the treating team. We are also happy to give telephone advice. **If your referral is urgent (the patient needs to be seen within 24 hours) please telephone the team in your area to discuss.** 

Patient details: (print clearly – no labels)
Hospital No:
Surname: Title: DOB:
Address:
Tel No:
Current location: Tel No:
Lives alone: YES/NO
Religion: Ethnicity: Occupation:
Next of kin / carer details: (please ensure this is completed)
Full name: Tel No: Tel No:
Address:
Post code:
NoK contact (if different):
Disease status:
Diagnosis:
Date of diagnosis:
Spread/complications:
(Disease stage: early/advanced)
Past/current treatments:
Patient's understanding of diagnosis / prognosis:
Carers understanding of diagnosis / prognosis:
Is patient aware of referral: Yes No
Has patient consented to share information on their electronic record with the SPC service?
Share in: Yes No Share out: Yes No (The service will be unable to see any electronic information without this consent)
Professionals involved:
Consultants and hospitals: GP and contact details:
Name and contact details of other professionals (Clinical Nurse Specialists, District Nurses etc.)

**Patient Name:** DOB: Specialist Palliative Care Needs Please state as fully as possible the main problems that have led to the request for specialist palliative care assessment. Include relevant information on physical symptoms (including mobility), carers' needs, psycho-social/spiritual issues and difficult ethical needs as appropriate. What service do you feel your patient currently requires? (Indicate one or more options) 1 Patient assessment home/care home 2 Specialist Palliative Day Therapy 3 Patient assessment hospital 4 Inpatient palliative care unit/Hospice 6 ☐ Lymphoedema Care 5 Outpatient appointment 7 Bereavement Service 8 Complementary Therapy Referring person Signature: ...... Date: ...... Contact No: ...... Ward/Practice: ..... (Signature confirms approval of patient's GP or Consultant) Please send completed forms to appropriate location For MidYorks Hospital patients or at home in Wakefield and Pontefract: Macmillan Specialist Palliative Care Team, Rowan House, Pinderfields Hospital, Aberford Road, Wakefield WF1 4DG ☎ 01924 543801 Fax: 01924 543883 Email: midyorks.palliativecare@nhs.net For patients at home in the North Kirklees who wish to attend Rosewood Day Therapy: Rosewood Centre, Dewsbury District Hospital, Halifax Road, Dewsbury WF13 4HS ☎ 01924 512039 Fax: 01924 512029 For patients at home in Kirklees (Dewsbury and Huddersfield): Palliative Care Team, Kirkwood Hospice, 21 Albany Road, Dalton, Huddersfield HD5 9UY ☎ 01484 557900 Email: referrals.kirkwoodhospice@nhs.net For hospice inpatient beds the patient will normally be assessed by the specialist palliative care team first Kirkwood Hospice, Huddersfield The Prince of Wales Hospice, Pontefract **2** 01977 708868 Email: referrals.pwh@nhs.net **Wakefield Hospice** 

☎ 01924 331400 Fax: 01924 362769

NHS number: