

# Patient Referral Form for Specialist Palliative Care Services

- Hospital (Pinderfields, Pontefract and Dewsbury)
- Community (Pontefract and Wakefield, Kirklees)
- Hospice (Kirkwood, 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: ..... NHS No (must be filled in): .....

Surname: ..... First name: ..... Title: ..... DOB: .....

Address: ..... Sex: M / F

..... Post code: ..... 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: ..... Relationship: ..... 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:.....

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Name and contact details of other professionals (Clinical Nurse Specialists, District Nurses etc.)

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.....

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NHS number:  
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.

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What service do you feel your patient currently requires? (Indicate one or more options)

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|--|---|
| 1 <input type="checkbox"/> Patient assessment home/care home | 2 <input type="checkbox"/> Specialist Palliative Day Therapy      |
| 3 <input type="checkbox"/> Patient assessment hospital       | 4 <input type="checkbox"/> Inpatient palliative care unit/Hospice |
| 5 <input type="checkbox"/> Outpatient appointment            | 6 <input type="checkbox"/> Lymphoedema Care                       |
| 7 <input type="checkbox"/> Bereavement Service               | 8 <input type="checkbox"/> Complementary Therapy                  |

**Referring person**

Name: (please print) ..... Designation: .....  
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

**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 557906 Fax: 01484 557918

**For hospice inpatient beds the patient will normally be assessed by the specialist palliative care team first**

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| <b>Kirkwood Hospice, Huddersfield</b><br>☎ 01484 557906 Fax: 01484 557918    | <b>Prince of Wales Hospice, Pontefract</b><br>☎ 01977 708868 Fax: 01977 600097 |
| <b>Wakefield Hospice</b><br>☎ 01924 213900 Fax: 01924 362769 or 01924 214019 |  |