

BEREAVEMENT & FAMILY SUPPORT REFERRAL FORM



Post to: Lewis-Manning Hospice Care, Longfleet House, 56 Longfleet Rd, Poole, Dorset, BH15 2JD
 Online portal: admissions.lewis-manning@nhs.net
 This referral form can be downloaded from the website: lewis-manning.org.uk

PERSONAL INFORMATION

Person's details		Referrer details	
Name: Address:		Name: Address:	
Postcode:		Postcode:	
Telephone number:		Contact details:	
Date of birth:		GP details (if different from above)	
NHS number:			
Current location if a patient: Home, Hospital, Community Hospital, Care Home			
Referral date:			

If this is a referral to family support for a child/young person the age of 18:

PARENT/GUARDIAN DETAILS:

Name: Address:		Has parent/guardian consent been given? Y <input type="checkbox"/> N <input type="checkbox"/>
Postcode:		
Contact number:		

Does the person have mental capacity: Y N

Are there any Mental Health concerns: Y N

Are there any mobility Issues: Y N

Are there any safety concerns we should know about? Y N Notes:

REASON FOR REFERRAL

Details:

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If a patient, are they having any treatment at present: Y N

If yes, please give details:

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Are they accessing any other services/agencies at present: Y N

If yes, please give details:

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