DAY HOSPICE AND VIRTUAL DAY HOSPICE REFERRAL FORM

Lewis-Manning Hospice Care

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

PATIENT INFORMATION	
Patient details	**Referrer details**
Name: Address: Postcode:	**Name:** Address: Postcode: Contact details:
Telephone number:	**GP details (if different from above)**
Date of birth:	
NHS number:	
Current location of patient: Home, Hospital, Community Hospital, Care Home	
Referral date:	

Does the patient have mental capacity: **Y ☐ N ☐**	**Is the patient aware of referral: Y ☐ N ☐**
Are there any Mental Health concerns: **Y ☐ N ☐**	**Is a DNAR in place: Y ☐ N ☐ N/A ☐**
Are there any mobility issues: **Y ☐ N ☐**	**Has the patient discussed ACP: Y ☐ N ☐ N/A ☐**
Are there any safety concerns we should know about? **Y ☐ N ☐**	**Patient aware of EOL stage: Y ☐ N ☐ N/A ☐** **(when appropriate)**

REASON FOR REFERRAL
Details:
Are they having any treatment at present: Y ☐ N ☐ **If yes, please give details:**
Are they accessing any other services/agencies at present: Y ☐ N ☐ **If yes, please give details:**