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| **REFERRAL CRITERIA -** *Please note all referrals will be assessed on an individual basis.* |
| Person is over 18 years of age  Person has an investigated cause for their breathlessness  Person is troubled by their breathlessness despite treatment  Person has a diagnosed life limiting disease, such as advanced COPD or Interstitial Lung Disease, or primary or metastatic lung cancer at any stage of the disease, including post treatment.  Person likely to engage in a self-management programme  Person is aware of the referral  ***PLEASE NOTE –*** *This clinic does not currently accept referrals for people with long COVID (see Dorset CCG for pathway of care) unless at the palliative phase of their disease. People with COPD should only be referred with severe disease (MRC 3 or above) or if Pulmonary Rehab is not appropriate. If someone falls outside of these criteria and would benefit from the service, referral may be accepted by contacting the clinic directly* |

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| REFERRAL DATE |  |  |
| **PERSON INFORMATION** | | |
| Name: Address:  Postcode: | | NHS number: |
| Date of birth: |
| Telephone number: |
| Email: |
| CARER/ NOK DETAILS (if relevant) | | |
| Name: Relationship:  Address (*if different from above*)  Postcode: | | Telephone number: |
| Email: |
| Further details: |
| **REFERRER DETAILS** | | **GP DETAILS (*if different from referrer*)** |
| Name: Profession:  Address:  Telephone:  Email: | | Name:  Address:  Telephone:  Email: |

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| **REASON FOR REFERRAL** | |
| Relevant diagnosis and date diagnosed | Reason for referral |
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| SUPPORTING INFORMATION | |
| Safety concerns *i.e. lone working, safeguarding* | Mobility: |
| Communication difficulties: | Is there a DNACPR in place?  Y  N |
| Advance Care Plans: | Other health professionals involved: |

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| **MRC LEVEL OF BREATHLESSNESS** | |
| 1 | Not troubled by breathlessness except on strenuous exercise |
| 2 | Short of breath when hurrying or walking up a slight hill |
| 3 | Walks slower than contemporaries on the level because of breathlessness, or has to  stop for breath when walking at own pace |
| 4 | Stops for breath after about 100 m or after a few minutes on the level |
| 5 | Too breathless to leave the house, or breathless when dressing or undressing |
| *Reference: Medical Research Council dyspnoea scale for grading the degree of a patient’s breathlessness* | |

**Referrals MUST include a copy of Summary Care record and/ or recent hospital letter(s) if this information is not included the referral may not be accepted.**

**We aim to contact referrals within 5 days of receiving referral and assess within 12 working days.**

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