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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 is troubled by their breathlessness despite **optimised** medical treatment [ ]  Person has a diagnosed underlying chronic condition or Cancer (including related treatment) causing their breathlessness [ ]  Person would like help in managing their breathlessness [ ]  Person is aware of the referral  |

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| REFERRAL DATE |  |   |
| **REFERRER DETAILS**  | **GP DETAILS (*if different from referrer*)**  |
| Name:Profession:Address:Telephone:Email: | Name:Address:Telephone:Email: |
| **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:  |

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| **REASON FOR REFERRAL** |
| Relevant diagnosis and date diagnosed  | Urgency  |
|  | [ ]  Urgent (within 2 weeks) [ ]  Routine (within 4-6 weeks) *Please note that due to limited capacity these wait times may not always be possible* |
| 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 [ ] *If yes, please provide a copy with referral*  |
| 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**

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| **This referral form can be downloaded from the website:** www.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 |