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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 |