DAY HOSPICE, HOSPICE AT HOME AND VIRTUAL HOSPICE REFERRAL FORM

.

Post to: Lewis-Manning Hospice Care, Longfleet House, 56 Longfleet Rd, Poole, Dorset, BH15 2JD Online portal: [admissions.lewismanning@nhs.net](mailto:admissions.lewismanning@nhs.net)

This referral form can be downloaded from the website: lewis-manning.org.uk

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| **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:** | |

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| --- | --- |
| **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)** |

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

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