



London

London: All Age Pan-London Specialist Palliative Care Referral Form

Version 1.0

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This document will continue to be reviewed and re-released to reflect new and emerging evidence.

Pan-London All Age Specialist Palliative Care Referral Form V1 – Outpatient, Community and Hospice Services

See service contact details at end of form

PLEASE INCLUDE WITH THIS FORM ADDITIONAL INFORMATION - HOSPITAL DISCHARGE SUMMARY, LETTERS, GP SUMMARY AND BLOOD TEST RESULTS.

IS REFERRAL URGENT? (assess within 24/48 hours) Yes No
IF YES, PLEASE TELEPHONE SERVICE TO DISCUSS

Referrer's Details		
Referrer's Signature:	Name:	
Job Title:	Contact Number:	Bleep No:
Referring Organisation:	Date:	

Essential Patient Details				
NHS Number:	Surname:	First Name:	DoB:	Age:
Ethnicity:		Declared Gender: Is declared gender the same as sex assigned at birth: Yes <input type="checkbox"/> No <input type="checkbox"/> Further information:		Marital Status:
Address:			Postcode:	
Email:		Tel:	Mob:	
Patient Representative / Key Contact:		Main Carer or 2 nd Patient Representative:	General Practitioner (<i>please inform GP of referral</i>):	
Name:		Name:	Name of GP Practice:	
Address:		Telephone:	Address:	
Postcode:		Relationship to Patient:	Postcode:	
Telephone:		Any further details:	Telephone:	
Relationship to Patient:			Email:	
Is patient representative first point of contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PAEDIATRICS ONLY <i>Name and age of sibling(s)</i>	
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Does patient live alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Risks for visiting? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:	Any access issues (e.g. key safe)? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
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Has this referral been discussed with the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> If patient lacked capacity to consent to referral, who consented? Lasting Power of Attorney (adults) <input type="checkbox"/> Best Interest Decision made (adult) <input type="checkbox"/> Other <input type="checkbox"/> Details:	If no – please explain why not: If no – please explain why not:
PAEDIATRICS ONLY: Has parent consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Reason(s) for Referral		Patient NHS Number:
Symptom Control <input type="checkbox"/> Emotional/Psychological Support <input type="checkbox"/> Social/Financial <input type="checkbox"/> Carer Support <input type="checkbox"/> Palliative Rehabilitation <input type="checkbox"/> Other reason (please provide details) <input type="checkbox"/>		
Service requested		
Home Assessment and Support <input type="checkbox"/> Day Services <input type="checkbox"/> Outpatient Service <input type="checkbox"/> Hospice at Home <input type="checkbox"/> Admission <input type="checkbox"/> Other reason (please give details): Please specify reason for admission: Respite <input type="checkbox"/> Symptom Control <input type="checkbox"/> Terminal Care <input type="checkbox"/>		
Services patient is already known to or referred to		
Community Children Nursing <input type="checkbox"/> District Nursing <input type="checkbox"/> Social Services <input type="checkbox"/> Other <input type="checkbox"/> Further details:		
Further details of current palliative care problems		
1.		
2.		
3.		
Primary Diagnosis(es)		
Brief History of Diagnosis(es) and Key Treatments (Discharge / GP Summary included Yes <input type="checkbox"/> No <input type="checkbox"/>)		
Date	Progression of disease(s) and investigations/treatment(s)	Consultant and Hospital
Prognosis: Death anticipated within Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days <input type="checkbox"/> Any further information:		
Does the patient have a urgent digital care plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If not, please give reason: If no urgent digital care plan, please consider creating if appropriate. DNACPR in Place? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Advance Care Planning information (Preferred place of care / death/ Treatment Escalation Plan etc.)
Other Past Medical and Psychiatric History (Discharge / GP Summary Included Yes <input type="checkbox"/> No <input type="checkbox"/>)		
Infectious Disease(s)		
COVID-19 infection status: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known <input type="checkbox"/> If positive date of positive test/ symptoms started COVID-19 Vaccine: Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> If yes, date of doses if known: Any other communicable infection e.g. Clostridium difficile / MRSA etc (please give further details):		
Special Device in situ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details (e.g. Tracheostomy / Drain / Pacemaker / PEG / ICD / NIPPV):		

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Current Medication(s)	Patient NHS Number:
Medication list to be attached please use the box below for any further comments	
Known Drug Sensitivities/Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:	

Communication	
What matters to the patient most?	
Has patient been told diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the patient discuss the illness freely? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the patient representative aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the representative discuss the illness freely (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fluent in English? Yes <input type="checkbox"/> No <input type="checkbox"/>	First Language, if not English:
Other barriers to communication/registered disabilities:	
Is an Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spirituality: What gives the person strength/meaning?	

Safeguarding	
ADULTS Is the patient an adult at risk of abuse or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details: Is there an ongoing safeguarding investigation? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details: Is a Deprivation of Liberty Safeguard in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:	PAEDIATRICS Is the child on a Child in Need plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the child a looked after child? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:

Current Location of Patient	
At Home <input type="checkbox"/> In Hospital <input type="checkbox"/> (if in hospital, complete section below) Other e.g. Nursing /Care Home <input type="checkbox"/>	
Further details if any:	

For Patients in Hospital			
Hospital:		Hospital No:	
Ward :	Direct Ward Ext:	Telephone:	
Consultant:		Date of Discharge: <i>(if known)</i>	
Is Patient Ventilated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Palliative care team involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the referral for out of hospital extubation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Any other comments/information:	

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Each acute hospital has an **adult** Specialist Palliative Care team: if your patient is a *hospital inpatient*, please contact the team, via the relevant hospital switchboard.

Contact Details for all Adult Services

ICS	Service Name, Postcode Borough(s) served	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Saint Francis Hospice, RM4 1QH Community service: Barking & Dagenham, Havering, Brentwood Inpatient services: Barking & Dagenham, Havering, Redbridge	01708 758606	NELCSU.saintfrancishospicereferrals@nhs.net
	<input type="checkbox"/> The Margaret Centre, Whipps Cross Hospital, E11 1NR Inpatient services: Waltham Forest	02085356604	BHNT.margaretcentrereferrals@nhs.net
	<input type="checkbox"/> Saint Joseph's Hospice, E8 4SA Community service: Hackney, Tower Hamlets (TH), Newham Inpatient services: Hackney, TH, Newham, Islington, Haringey, W'am Forest	0300 30 30 400	stjosephs.firstcontact@nhs.net
	<input type="checkbox"/> Redbridge Community Palliative Care Team, IG7 4DF Community service: Redbridge	0300 300 1901	Nem-tr.Redbridgespecialistpalliativecareteam@nhs.net
NCL	<input type="checkbox"/> North London Hospice, N12 8TT Community & inpatient services: Barnet, Enfield, Haringey	020 8343 8841	Northlondonhospice.firstcontact@nhs.net
	<input type="checkbox"/> South Camden community Palliative Care Team, NW1 OPE Community service: South Camden	020 3317 5777	palliative.southcamden@nhs.net
	<input type="checkbox"/> Islington Community Palliative Care Team, NW1 OPE Community service: Islington	020 3317 5777	palliative.islington@nhs.net
	<input type="checkbox"/> Marie Curie Hospice Hampstead, Camden, NW3 5NS Inpatient services: Barnet, Camden, Enfield, Haringey, Islington	02078533400	Inpatientunit.hampsteadhospice@nhs.net hampstead.hospice@mariecurie.org.uk
	<input type="checkbox"/> The Royal Free - North Camden Palliative Care Team, NW3 2QG Community service: North Camden	020 78302905	rf.palliativecare@nhs.net
NWL	<input type="checkbox"/> Michael Sobell including Harlington Hospice, UB3 5AB Community & inpatient services: Hillingdon	0203 824 1268.	HILLCCG.harlingtonhospicereferrals@nhs.net HILLCCG.mshreferrals@nhs.net
	<input type="checkbox"/> Meadow House Hospice, UB1 3HW Community & inpatient services: Ealing, Hounslow	020 8967 5179	referralsmeadowhouse@nhs.net
	<input type="checkbox"/> St Luke's Hospice, HA3 0YG Community service: North Brent , Inpatient services: Brent and Harrow	020 8382 8000	LNWH-tr.referralsstlukes@nhs.net
	<input type="checkbox"/> St John's Hospice, NW8 9NH Community service: some of Central London Inpatient services: Brent, Camden, Central London, Islington, West London, Hammersmith & Fulham (H&F)	020 7806 4040	Clccg.stjohnsreferrals@nhs.net
	<input type="checkbox"/> Pembridge Hospice, W10 6DZ Community service: South Brent, some of West London and some of Hammersmith & Fulham (H&F).	020 8102 5383	clcht.spa.referral@nhs.net
	<input type="checkbox"/> Hillingdon Community Palliative Care Team, UB8 1QG Community service: Hillingdon	01895 485235 0203 824 1268 (out of hours)	cnw-tr.hchcontactcentrerefs@nhs.net
	<input type="checkbox"/> Harrow Community Team, HA3 0YG Community service: Harrow	020 8382 8084	CLCHT.HarrowPalliativeCare@nhs.net
SEL	<input type="checkbox"/> St Christopher's Hospice, SE26 6DZ Community service: Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark Inpatient services: Bromley, Croydon, Lambeth, Lewisham, Southwark	020 87684582	st.christophers@nhs.net
	<input type="checkbox"/> Greenwich & Bexley Community Hospice SE2 0GB Community & inpatient services: Greenwich, Bexley	020 8320 5837	gbch.referrals@nhs.net
	<input type="checkbox"/> Guy's & St Thomas' Community Team, SE1 9RT Community palliative care: some of Lambeth, some of Southwark	020 7188 4754	gst-tr.gstt-palliativecare@nhs.net
SWL	<input type="checkbox"/> St Raphael's Hospice, SM3 9DX Community & inpatient services: Merton, Sutton, some of Wandsworth	020 8099 7777	srh.referrals@nhs.net
	<input type="checkbox"/> Princess Alice Hospice, Esher, KT10 8NA Community & inpatient services: Richmond, Kingston	03001020100 (option 1)	SDCCG.clinicaladminpah@nhs.net

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<input type="checkbox"/> Royal Trinity Hospice, SW4 0RN Community service: some of Central London, some of Hammersmith & Fulham, Wandsworth, some of West London Inpatient services: Central London, Hammersmith & Fulham, Wandsworth, West London	020 77871065	rth.referrals@nhs.net
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Contact Details for all Pediatric Services

ICS	Service Name, Postcode (Borough(s) served)	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Diana Children's Community Palliative Care Team E16 1LQ (Newham)	0203 738 7063	elft.dianateamnewham@nhs.net
	<input type="checkbox"/> Richard House Children's Hospice, E16 3RG (Newham, Barking and Dagenham, City & Hackney, Tower Hamlets, Waltham Forest, Redbridge, Havering)	020 7511 0222	info@richardhouse.org.uk
	<input type="checkbox"/> Haven House Children's Hospice, IG8 9LB (Waltham Forest, Redbridge, Havering, Barking & Dagenham, Enfield)	020 8505 9944	enquiries@havenhouse.org.uk
NCL	<input type="checkbox"/> Enfield Specialist Nursing, Bereavement and Play Team (Enfield)	0208 702 5620	beh-tr.specialistnursingbereavementandplayteam@nhs.net
	<input type="checkbox"/> Life Force Team, N7 6LB (Camden, Haringey & Islington)	0203 316 1950	Lifeforce.whitthealth@nhs.net
	<input type="checkbox"/> Louis Dundas Palliative Care Team Great Ormond Street WC1N 3JH (All London Boroughs)	020 7829 8678	Louisdundas.centre@nhs.net
	<input type="checkbox"/> Noah's Ark Children's Hospice, EN5 4NP (Barnet, Camden, Enfield, Haringey, and Islington or adjoining boroughs where hospice services are not available)	020 3994 4134 07713 071116	General: noahs.referrals@nhs.net Urgent: noahs.nurses@nhs.net
NWL	<input type="checkbox"/> Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)	020 7266 8840	Clcht.chirp@nhs.net
SWL	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8783 2000	ssch.referrals@nhs.net
	<input type="checkbox"/> SPACE specialist service (All SWL boroughs)	01483230980	SSCH.spaceteam@nhs.net
SEL	<input type="checkbox"/> Evelina London Children's Hospital Palliative care team (All London boroughs plus any child known to the ELCH network)	0207 1887188	gst-tr.elchpaedpalliativereferrals@nhs.net
	<input type="checkbox"/> Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon)	020 8859 9800 01795 845 253 07919 891 216	Demelza.referrals@demelza.org.uk Demelza.referrals@nhs.net

Further information:

Adult hospice services - visit <http://www.hospiceuk.org/about-hospice-care/find-a-hospice> and enter the postcode or name of hospice

Children's hospice services - visit: https://chal.org.uk/about-us/#hospices_list