York and Scarborough Teaching Hospitals NHS Foundation Trust

Referral Form: Specialist Palliative Care Services

FOR H@H REFERALS PLEASE PHONE : 01904 777770

St Leonard's Hospice
Caring for Local People

Community Palliative Care Team ☐ **St Leonards Hospice Inpatient Unit** ☐

(Referral Criteria: click here)

Urgent ☐ **Non Urgent** ☐ **Date of referral:**

Patient name:	NHS NUM:	
Address:	DoB: Phone no:	
NOK:	Relationship:	Contact details:

Consent agreed for referral? Y ☐ **N** ☐

Please note that referrals will not be accepted unless the patient or main carer has consented to the referral

DIAGNOSIS :

Is Patient aware of diagnosis: Y ☐ **N** ☐ **Is Patient aware of prognosis: Y** ☐ **N** ☐

Current/Planned Treatments:

MAIN CONCERNS - REASON FOR REFERRAL

Pain	☐	Symptom control	☐	Last days of life care	☐
Social/financial	☐	Psychological pt	☐	Psychological family	☐

ACP Discussion ☐

Please outline the main Physical/Psychological/Social/ Spiritual Issues:

DNACPR in place? Yes / No Anticipatory Drugs in place Yes / No

Name of referrer: Date of referral:

Position: Contact no:

Please email completed form to: **SLEHO.spcreferrals@nhs.net**

FOR URGENT REFERRALS PLEASE RING 01904 777770