



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

Please select which service you are referring to:

Wellbeing & Outreach In patient Unit Hospice@Home Carer Support Marie Curie

First Name

Surname

Telephone

Date of birth

NHS number

Address

Postcode

Email

Next of Kin/main contact

First Name

Surname

Next of Kin relationship

Next of Kin contact details

Contact preferences: Email

Telephone

Has person consented to referral and alternative Hospice services if required?: Yes No

If person lacks capacity for referral has a best interest decision been made: Yes No

Diagnosis:

Reason for referral

Main goals of referral:

Are you aware of any safeguarding/lone worker issues, if so please detail here:

Symptoms score – click in each row to select score

Symptom	Not at all 0	Slight 1	Moderate 2	Severe 3	Overwhelming 4
Pain					
Nausea and/or vomiting					
Breathlessness					
Delirium/Confusion					
Mobility					
Low mood/anxiety					
Emotional distress					
Family/carer distress					
Constipation					
Eating/drinking					
Other (please state below)					

Name of referrer Contact number of referrer

Position of referrer

Is Person on oxygen?: Yes No How many litres of oxygen?

Is a height adjustable bed in place? Yes No

Any other equipment we need to be aware of eg bariatric bed?

Any other significant information eg Complex wound, NIV, falls risk, skin integrity

Please note: Referrals received after 17:45 Monday-Friday and 15:45 Saturday and Sunday will be processed the next day. If your referral is urgent, please contact the team on 01904 777 770

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