



Please email completed form to:  
**referrals@stleonardshospice.org.uk**

Please select which service you are referring to:

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

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First Name	<input type="text"/>	Surname	<input type="text"/>
Telephone	<input type="text"/>	Date of birth	<input type="text"/>
		NHS number	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>

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## Next of Kin/main contact

First Name	<input type="text"/>	Surname	<input type="text"/>
Next of Kin relationship	<input type="text"/>		
Next of Kin contact details	<input type="text"/>		
Contact preferences:	Email	Telephone	

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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:** For any urgent Hospice@Home referrals please contact 01904 777770 to discuss. All other referrals will be processed by the Single Point of Coordination team between 8am and 4pm Monday – Sunday.

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